



# AUTHORIZATION FOR SERVICES

(Send authorization form with employee or email to [occmmed@confluencehealth.org](mailto:occmmed@confluencehealth.org) or fax to your preferred clinic location)

Today's Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Company Name: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Telephone: \_\_\_\_\_

## CHECK ALL SERVICES REQUIRED

Services will be conducted and resulted according to your established protocols.

<p style="text-align: center;"><b>DRUG &amp; ALCOHOL TESTING</b> <i>Test Type(s) and Reason are required</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Test Type(s)</b></td> <td style="width: 50%;"><b>Reason</b></td> </tr> <tr> <td><input type="checkbox"/> DOT Drug Test Panel</td> <td><input type="checkbox"/> Pre-Employment</td> </tr> <tr> <td><input type="checkbox"/> NonDOT Drug Test Panel</td> <td><input type="checkbox"/> Random</td> </tr> <tr> <td>NonDOT Type:</td> <td><input type="checkbox"/> Reasonable Susp/For Cause</td> </tr> <tr> <td><input type="checkbox"/> Instant Test Panel</td> <td><input type="checkbox"/> Post-Accident/Injury</td> </tr> <tr> <td><input type="checkbox"/> Hair Test Panel</td> <td><input type="checkbox"/> Follow-Up</td> </tr> <tr> <td><input type="checkbox"/> EST/Breath Alcohol</td> <td><input type="checkbox"/> Return to Duty</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other or special requirements: _____ _____ _____</td> </tr> </table>	<b>Test Type(s)</b>	<b>Reason</b>	<input type="checkbox"/> DOT Drug Test Panel	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> NonDOT Drug Test Panel	<input type="checkbox"/> Random	NonDOT Type:	<input type="checkbox"/> Reasonable Susp/For Cause	<input type="checkbox"/> Instant Test Panel	<input type="checkbox"/> Post-Accident/Injury	<input type="checkbox"/> Hair Test Panel	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> EST/Breath Alcohol	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Other or special requirements: _____ _____ _____		<p style="text-align: center;"><b>PHYSICAL EXAMINATIONS</b> <i>Exam Type and Reason are required</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Exam Type</b></td> <td style="width: 50%;"><b>Reason</b></td> </tr> <tr> <td><input type="checkbox"/> DOT Exam</td> <td><input type="checkbox"/> Post-Offer/Pre-Placement</td> </tr> <tr> <td><input type="checkbox"/> Basic NonDOT Exam</td> <td><input type="checkbox"/> Recertification</td> </tr> <tr> <td><input type="checkbox"/> Respirator Certification</td> <td><input type="checkbox"/> Initial/Baseline</td> </tr> <tr> <td><input type="checkbox"/> Asbestos</td> <td><input type="checkbox"/> Periodic/Annual</td> </tr> <tr> <td><input type="checkbox"/> Level 1 Physical</td> <td><input type="checkbox"/> Exit</td> </tr> <tr> <td><input type="checkbox"/> Level 2 Physical</td> <td><input type="checkbox"/> Return to Duty</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other or special requirements: _____ _____ _____</td> </tr> </table>	<b>Exam Type</b>	<b>Reason</b>	<input type="checkbox"/> DOT Exam	<input type="checkbox"/> Post-Offer/Pre-Placement	<input type="checkbox"/> Basic NonDOT Exam	<input type="checkbox"/> Recertification	<input type="checkbox"/> Respirator Certification	<input type="checkbox"/> Initial/Baseline	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Periodic/Annual	<input type="checkbox"/> Level 1 Physical	<input type="checkbox"/> Exit	<input type="checkbox"/> Level 2 Physical	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Other or special requirements: _____ _____ _____	
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### EMPLOYEE AUTHORIZATION:

I certify that the information provided is correct and authorize Confluence Health to review the results and release them to my employer, prospective employer or my employer's authorized personnel, for purpose of employment, pre-employment or screening.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Confluence Health | Occupational Medicine Department | Locations:

317 N Mission, Suite 200  
Wenatchee, WA 98801  
Ph: 509-665-5853 • Fax: 509-665-2308  
Hours: 7:00am-5:00pm

840 E Hill Avenue  
Moses Lake, WA 98837  
Ph: 509-764-6400 • Fax: 509-764-6419  
Hours: 8:00am-4:30pm

916 Koala Drive  
Omak, WA 98841  
Ph: 509-826-1800 • Fax: 509-826-7916  
Hours: 7:00am-5:00pm (closed 12-1)