AUTHORIZATION FOR SERVICES

(Send authorization form with employee or
email to **occmed@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.

DRUG & ALCOHOL TESTING

Test Type(s) and Reason are required

Test Type(s)

- ☐ DOT Drug Test Panel
- ☐ NonDOT Drug Test Panel

NonDOT Type:

- ☐ Instant Test Panel
- ☐ Hair Test Panel
- ☐ EST/Breath Alcohol
- ☐ Other or special requirements:

_____
_____
_____

Reason

- ☐ Pre-Employment
- ☐ Random
- ☐ Reasonable Susp/For Cause
- ☐ Post-Accident/Injury
- ☐ Follow-Up
- ☐ Return to Duty

PHYSICAL EXAMINATIONS

Exam Type and Reason are required

Exam Type

- ☐ DOT Exam
- ☐ Basic NonDOT Exam
- ☐ Respirator Certification
- ☐ Asbestos
- ☐ Level 1 Physical
- ☐ Level 2 Physical
- ☐ Other or special requirements:

_____
_____
_____

Reason

- ☐ Post-Offer/Pre-Placement
- ☐ Recertification
- ☐ Initial/Baseline
- ☐ Periodic/Annual
- ☐ Exit
- ☐ Return to Duty

IMMUNITY SERVICES

Immunizations

- ☐ Flu
- ☐ Tdap
- ☐ Hep A
- ☐ Hep B
- ☐ MMR
- ☐ Varicella
- ☐ Other or special requirements:

_____

Titers-Immunity Blood Tests

- ☐ Hep A
- ☐ Hep B
- ☐ MMR
- ☐ Varicella (chicken pox)

SCREENING TESTS WITHOUT AN EXAM

- ☐ Audiogram
- ☐ Respirator Questionnaire
- ☐ Respirator Fit Test
- ☐ Step Test
- ☐ TB Skin Test
- ☐ Vision
- ☐ Lift Test
- ☐ Vital Capacity Test/PFT
- ☐ Other or special requirements:

_____
_____
_____

Remarks: _____
_____
_____

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)