



AUTHORIZATION FOR SERVICES

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

DRUG & ALCOHOL TESTING <i>Test Type(s) and Reason are required</i>		PHYSICAL EXAMINATIONS <i>Exam Type and Reason are required</i>	
Test Type(s)	Reason	Exam Type	Reason
☐ DOT Drug Test Panel	☐ Pre-Employment	☐ DOT Exam (PX008)	☐ Post-Offer/Pre-Placement
☐ NonDOT Drug Test Panel	☐ Random	☐ Respirator Certification	☐ Recertification
NonDOT Type:	☐ Reasonable Susp/For Cause	☐ Asbestos	☐ Initial/Baseline
☐ Instant Test Panel	☐ Post-Accident/Injury	☐ Level 1 Physical (PX031)	☐ Periodic/Annual
☐ Hair Test Panel	☐ Follow-Up	☐ Level 2 Physical (PX034)	☐ Exit
☐ EST/Breath Alcohol	☐ Return to Duty		☐ Return to Duty
☐ Other or special requirements:		☐ Other or special requirements:	
IMMUNITY SERVICES		ADDITIONAL SERVICES	
Immunizations	Titers-Immunity Blood Tests	☐ Audiogram	☐ TB Skin Test
☐ Flu	☐ Hep A	☐ Respirator Questionnaire	☐ Vision
☐ Tdap	☐ Hep B	☐ Respirator Fit Test	☐ Lift Test
☐ Hep A	☐ MMR	☐ Step Test	☐ Vital Capacity Test/PFT
☐ Hep B	☐ Varicella (chicken pox)	☐ Krause Weber	☐ Other Vaccines
☐ MMR	☐ TB Quant	☐ Other or special requirements:	
☐ Varicella			
☐ Other or special requirements:			
Send Results: _____			

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: 509-436-4009 • Fax: 509-667-7455
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