



WCORHA
 COLLABORATING FOR SUCCESS
West Central Ohio
 Regional Healthcare Alliance, Ltd

SERVICES PROVIDED BY : (Please check one)

- Joint Township District Memorial Hospital Occupational Health Clinic
- Mercer County Hospital
- Mercer Community Medical Center
- St. Rita's Occupational Health Center
- Van Wert County Hospital
- Other _____

AUTHORIZATION FOR TESTING/TREATMENT

Employee Name:	Date:	
Employer Name:	Location:	
If this is for care of a work injury, does the employer offer light duty or restrictions? Y N N/A		
Services Requested:		
<input type="checkbox"/> DOT Physical	<input type="checkbox"/> Initial Injury	<input type="checkbox"/> Breath Alcohol Test
<input type="checkbox"/> Pre-Employment Physical	<input type="checkbox"/> Return to Work	<input type="checkbox"/> Drug Screen
<input type="checkbox"/> Bus Driver Physical	<input type="checkbox"/> Audiograms	<input type="checkbox"/> Other _____
For Drug Screens, Please indicate the type of screen needed:		
<input type="checkbox"/> DOT 5-Panel Urine Drug Screen	<input type="checkbox"/> Collection Only(company has designated reference lab)	
<input type="checkbox"/> Non DOT 5-Panel	<input type="checkbox"/> Non DOT 7-Panel	
<input type="checkbox"/> Non DOT 9-Panel	<input type="checkbox"/> Non DOT 10-Panel <input type="checkbox"/> Non DOT Instant	
Reason for Drug and/or Alcohol Testing:		
<input type="checkbox"/> Pre Placement	<input type="checkbox"/> Random	<input type="checkbox"/> Post Accident
<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Reasonable Suspicion

Authorized By: _____

Time arrived at WCORHA facility: _____ Time departed facility: _____

Staff Signature: _____