



**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**

<b>Employee Name:</b>	<b>Date:</b>	
<b>Employer Name:</b>	<b>Location:</b>	
<b>If this is for care of a work injury, does the employer offer light duty or restrictions?    Y    N    N/A</b>		
<b>Services Requested:</b>		
<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 _____
<b>For Drug Screens, Please indicate the type of screen needed:</b>		
<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	
<b>Reason for Drug and/or Alcohol Testing:</b>		
<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:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Time arrived at WCORHA facility: \_\_\_\_\_ Time departed facility: \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_