

<b>Date:</b>	
Valid for	hours
<b>Time In</b>	: AM PM
<b>Time Out</b>	: AM PM



# EMPLOYER'S AUTHORIZATION FOR EXAMINATION AND TREATMENT

**Must Present Photo ID at Time of Service • Clinic Locations and Contact Information on Back**

Company Name	Patient Name	<input type="checkbox"/> Bill Company <input type="checkbox"/> Employee pays at time of service
Authorized: Signature	Patient Address	<input type="checkbox"/> Bill Workers' Compensation Carrier
Authorized: Print	Patient Phone	Carrier
Employer Phone	Patient DOB SS#	Policy #
Employer Fax	Staffing Agency	Address
		Phone

## INJURY TREATMENT/EVALUATION

INJURY	<input type="checkbox"/> Treatment of work-related injury or illness	<input type="checkbox"/> Date of Injury
	What is the type/area of injury or illness:	<input type="checkbox"/> Time of Injury : AM PM
	<input type="checkbox"/> Drug Screen with initial visit	<input type="checkbox"/> Breath Alcohol Test with initial visit

## NON-DOT PROCEDURES

## DOT PROCEDURES

## PHYSICAL EXAMINATION

## PHYSICAL EXAMINATION

PHYSICAL EXAMS	<input type="checkbox"/> Post Offer/Pre-employment	<input type="checkbox"/> Asbestos <input type="checkbox"/> Basic <input type="checkbox"/> Annual <input type="checkbox"/> Exit	<input type="checkbox"/> New
	<input type="checkbox"/> Return to work	<input type="checkbox"/> Hazmat <input type="checkbox"/> Basic <input type="checkbox"/> Annual <input type="checkbox"/> Exit	<input type="checkbox"/> Recertification
	<input type="checkbox"/> Fit for Duty	<input type="checkbox"/> Respirator <input type="checkbox"/> New <input type="checkbox"/> Recertification	<input type="checkbox"/> Follow-up
	<input type="checkbox"/> Other		

## DRUG TEST - TYPE

## DRUG TEST - FEDERALLY MANDATED

DRUG TESTS	<input type="checkbox"/> Urine (Circle Panel Type) 5 6 10	<input type="checkbox"/> Collection Only <input type="checkbox"/> Hair	<input type="checkbox"/> Urine
	<input type="checkbox"/> Rapid/Instant (Circle Panel Type) 5 10		
	<b>Reason for Drug Test</b>		<b>Reason for Drug Test</b>
	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Work	<input type="checkbox"/> Follow-up Testing	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Work
<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion/Cause	<input type="checkbox"/> Other	<input type="checkbox"/> Random <input type="checkbox"/> Follow-up Testing
<input type="checkbox"/> Post Accident			<input type="checkbox"/> Post Accident <input type="checkbox"/> Collection Only

## ALCOHOL TEST

## ALCOHOL TEST - FEDERALLY MANDATED

ALCOHOL TESTS	<input type="checkbox"/> Breath Alcohol Test	<input type="checkbox"/> Reasonable Suspicion/Cause	<input type="checkbox"/> Breath Alcohol Test
	<b>Reason for Alcohol Test</b>		<b>Reason for Alcohol Test</b>
	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Work	<input type="checkbox"/> Follow-up Testing	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Work
	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable Suspicion/Cause	<input type="checkbox"/> Random <input type="checkbox"/> Follow-up Testing
<input type="checkbox"/> Post Accident			<input type="checkbox"/> Post Accident <input type="checkbox"/> Reasonable Suspicion/Cause

OTHER	<input type="checkbox"/> Hepatitis B Vaccine #	<input type="checkbox"/> Chest X-Ray/Back X-Ray	<input type="checkbox"/> Back Evaluation
	<input type="checkbox"/> Hepatitis B Surface Antibody	<input type="checkbox"/> Pulmonary Function Test - PFT	<input type="checkbox"/> TB Single _____ 2 Step _____
	<input type="checkbox"/> EKG	<input type="checkbox"/> Respirator Fit Test	<input type="checkbox"/> Audio Test <input type="checkbox"/> Vision Test (Titmus)
	<input type="checkbox"/> Labs		<input type="checkbox"/> Lift Test _____ lbs. <input type="checkbox"/> Knee Level <input type="checkbox"/> Waist Level

## Other Testing and/or Company Specific Instructions:

**MICHIGAN URGENT CARE INSTRUCTIONS:** Please arrive no later than 30 minutes prior to close.

**PHYSICAL EXAM:** Please bring your glasses or contacts. Do not urinate prior to arrival.

**DRUG SCREENING:** Do not urinate prior to arrival. **PULMONARY FUNCTION TEST:** Do not eat, use an inhaler, or smoke one hour prior to arrival

**RELEASE OF INFORMATION:** This signed authorization guarantees payment for services requested on this and medical services necessary for proper treatment of injuries and illnesses. This release is also intended to certify that I (the Patient) give Business Health Solutions, or an affiliated clinic, authorization to release all information regarding this examination, testing results or treatment to my employer, prospective employer or employer's insurer.

Employee/Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Extended Hours. More Experience. Quality Care.**  
**Open 365 days... Even on holidays.**

**Brighton**

2300 Genoa Business  
 Park Drive  
 Suite 120  
 Brighton, MI 48114  
 P 810.844.0400  
 F 810.844.0804  
 8<sup>AM</sup> - 8<sup>PM</sup>



734-225-9300 Main

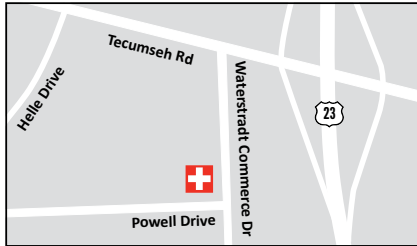
**Washtenaw**

3280 Washtenaw Ave  
 Ann Arbor, MI, 48104  
 P 734.389.2000  
 F 734.389.2005  
 8<sup>AM</sup> - 10<sup>PM</sup>



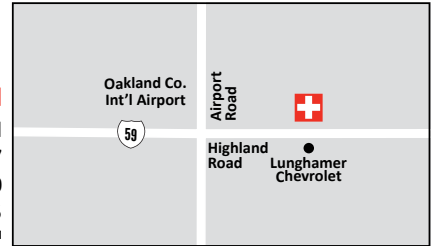
**Dundee**

100 Powell Drive  
 Suite 8  
 Dundee, MI 48131  
 P 734.823.5900  
 F 734.823.5425  
 8<sup>AM</sup> - 8<sup>PM</sup>



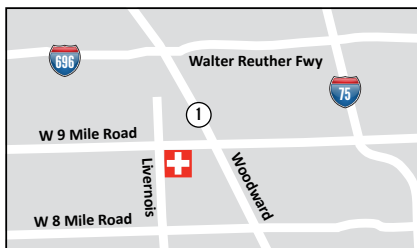
**Waterford**

5800 Highland Road  
 Waterford, MI 48327  
 P 248.290.5700  
 F 248.290.5695  
 8<sup>AM</sup> - 8<sup>PM</sup>



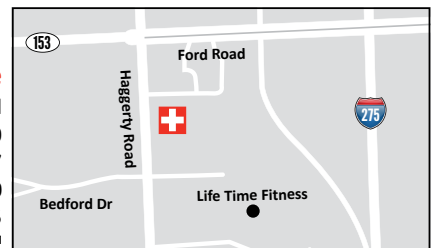
**Ferndale**

641 West 9 Mile Rd.  
 Suite C  
 Ferndale, MI 48220  
 P 248.206.1600  
 F 248-206-1605  
 8<sup>AM</sup> - 8<sup>PM</sup>



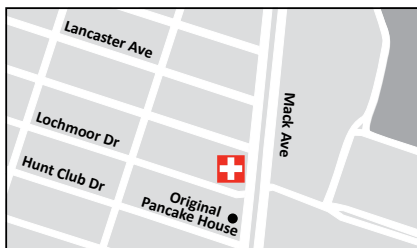
**Western Wayne**

2050 Haggerty Road  
 Suite 140  
 Canton, MI 48187  
 P 734.259.0500  
 F 734.259.0505  
 8<sup>AM</sup> - 8<sup>PM</sup>



**Grosse Pointe**

20311 Mack Avenue  
 Grosse Pointe Woods,  
 MI 48236  
 P 313.499.6000  
 F 313.499.6001  
 8<sup>AM</sup> - 10<sup>PM</sup>



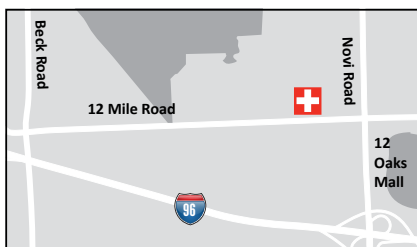
**Wyandotte**

375 Eureka Rd.  
 Suite B  
 Wyandotte, MI 48192  
 P 734.225.9300  
 F 734.225.9305  
 8<sup>AM</sup> - 8<sup>PM</sup>



**Novi**

44000 W 12 Mile Road  
 Suite 101  
 Novi, MI 48377  
 P 248.374.3595  
 F 248.374.3640  
 8<sup>AM</sup> - 8<sup>PM</sup>



**MichiganUrgentCare.com**

The Michigan Urgent Care and Occupational Health family of clinics located throughout Southeast Michigan is dedicated to the treatment of adult and pediatric injury and illness, and is a leading provider of occupational health services.