



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"/> Pre-Employment Physical <input type="checkbox"/> Bus Driver Physical	<input type="checkbox"/> Initial Injury <input type="checkbox"/> Return to Work <input type="checkbox"/> Audiograms
<input type="checkbox"/> Breath Alcohol Test <input type="checkbox"/> Drug Screen <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"/> 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"/> Collection Only(company has designated reference lab) <input type="checkbox"/> Non DOT Instant
Reason for Drug and/or Alcohol Testing:	
<input type="checkbox"/> Pre Placement <input type="checkbox"/> Follow-Up	<input type="checkbox"/> Random <input type="checkbox"/> Return to Duty
<input type="checkbox"/> Post Accident <input type="checkbox"/> Reasonable Suspicion	

Authorized By: _____

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

Staff Signature: _____