



AUTHORIZATION FOR TREATMENT FORM
DEPARTMENT OF OCCUPATIONAL HEALTH
DEPARTMENT OF WORKERS' COMPENSATION

Company Name: Emergency Pet Clinic of Temecula
Employee Name: _____
Position / Job Title: _____

PLEASE CHECK ALL ITEMS AND PROCEDURES THAT YOU REQUIRE FOR YOUR EMPLOYEE.

OCCUPATIONAL HEALTH / PRE-EMPLOYMENT EXAMS

****NOTE:** Photo I.D. required for all drug screens and Breath Alcohol Tests.

Type of PHYSICAL EXAM:

- ☐ DOT / DMV Physical Exam
☐ BASIC Physical Exam

OTHER SERVICES:

- ☐ Audiogram
☐ Back X-Ray
☐ Chest X-Ray
☐ EKG
☐ Hep. B Titer / Series (if not immune)
☐ MMR Titer / Vaccine
☐ Range of Motion / Back Exam
☐ Spirometry / PFT
☐ TB / PPD Skin Test
☐ Varicella Titer / Vaccine

SELECT TYPE/S OF DRUG SCREEN/S:

CHECK ALL THAT ARE APPLICABLE.

Drug Screens Below are **SENT TO LABS** for results. Check Below for **IN-HOUSE** Drug Screens:

- | | |
|---|--|
| <input type="checkbox"/> DOT Drug Screen | <input type="checkbox"/> Rapid 5-Panel Screen |
| <input type="checkbox"/> Non-DOT Drug Screen | <input type="checkbox"/> Rapid 9-Panel Screen |
| <input type="checkbox"/> Hair Follicle Collection | <input type="checkbox"/> Rapid 10-Panel Screen |

CHECK ALL THAT ARE APPLICABLE FOR DRUG SCREEN:

- | | | |
|---|---|---|
| <input type="checkbox"/> OBSERVED Drug Screen | <input type="checkbox"/> PRE-EMPLOYMENT | <input type="checkbox"/> Post-Accident (<i>No Injury</i>) |
| <input type="checkbox"/> RANDOM Drug Screen | <input type="checkbox"/> RETURN TO DUTY | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> FOLLOW-UP | <input type="checkbox"/> _____ | |

Type of BREATH ALCOHOL TEST:

- ☐ DOT ☐ Non-DOT

WORKERS' COMPENSATION

****NOTE:** Photo I.D. required for all drug screens and Breath Alcohol Tests.

Post-Injury PROTOCOLS:

(Check All That Apply):

- ☐ Restricted Duties Available
☐ Modified Duties Available
☐ No Modified Duties Available
☐ Follow Employer's Protocol
☐ File **WC INSURANCE**
☐ Use **WC Credit Card on File**
☐ Treat **AS FIRST AID** if possible

Post-Injury DRUG SCREEN:

(Check All That Apply):

- ☐ Required ☐ Not Required

SELECT TYPE/S OF DRUG SCREEN/S:

- ☐ DOT Drug Screen
☐ Non-DOT Drug Screen
☐ Hair Follicle Collection

Check Below for **IN-HOUSE** Drug Screens:

- ☐ Rapid 5-Panel Screen
☐ Rapid 9-Panel Screen
☐ Rapid 10-Panel Screen

Check Below if **Applicable:**

- ☐ OBSERVED Drug Screen

Post-Injury BREATH ALCOHOL TEST:

- ☐ Required ☐ Not Required

Type of BREATH ALCOHOL TEST:

- ☐ DOT ☐ Non-DOT

REPORT RESULTS TO:

Courtney Pomeroy

(Contact First & Last Name)

HR Manager

(Position / Title)

Report Results via: (Check all that apply.)

☐ Fax:

☐ Phone:

☒ Mail / Email: Courtneyhr@epicvets.com

Courtney Pomeroy
Signature of Authorized Representative's Signature

Date

Printed Name of Authorized Representative:

Courtney Pomeroy