

7:30 AM - 8:00 PM Monday - Friday 10 AM - 4:00 PM Saturday

Ortholllinois 5875 E. Riverside Blvd. Rockford, IL 61114 Occupational Health *Fax* **779-774-1351**

Phone 815-298-2749

AUTHORIZATION FORM

TO BE COMPLETED BY ORTHOILLINOIS EMPLOYEE

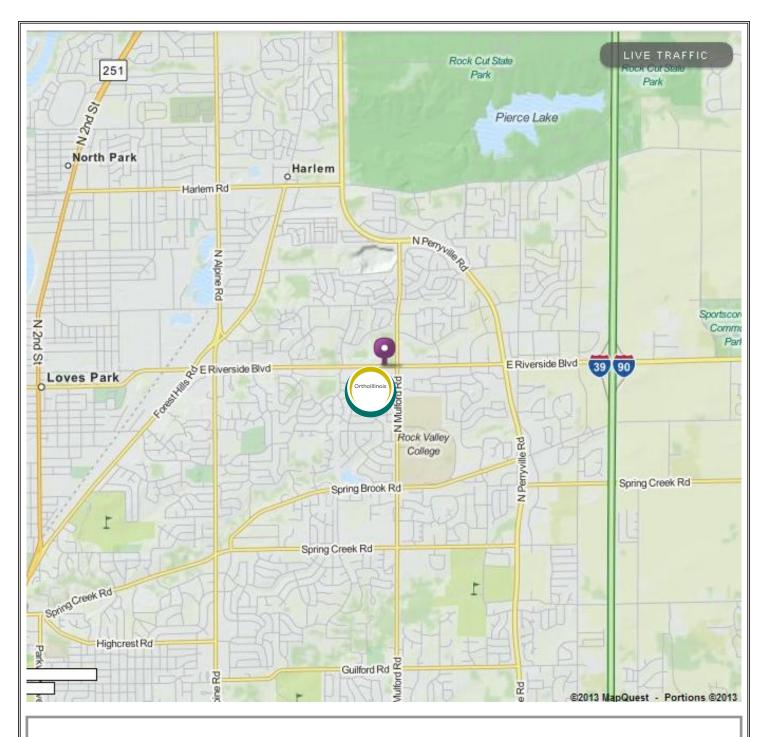
Time of Arrival:

EMPLOYEE MUST HAVE PHOTO IDENTIFICATION Authorization Date:	Authorization Expires:
Employee/Applicant name:	
Employer name:	
Address:	
Authorized Signature:	
Work-Related Injury / Incident Care: Fast Track	
work-Related injury / incluent Care. Past frack	
Medical Evaluation (with drug screen/ alcohol)	□ Medical Evaluation (without drug screen or alcohol)
Date of work-related injury/incident:	
Body Part(s) Approved for Treatment:	
Employment Exams: New / Current Employees (E	-SP)
□ Pre-Emp./Post offer-Factory □ Pre-Emp./Post offer-Off	ice DOT Exam (new) DOT Exam (recertification)
Other:	
Urine Drug Test Non-Federal Federal	Breath Alcohol Test 🛛 Non-Federal 🖓 Federal
□Pre-employment □Return to Duty	Random Follow-up
Random Follow-up	□Reasonable Suspicion □Post-Accident
□Post-Accident □Reasonable Suspicion	
Surveillance Program (non-patient file)	□Lift Test (Provider)
Respirator Exam Pulmonary Function Testi	
Additional Testing (non-patient file)	
□Audio Screen □Lumbar X-Ray □Chest X-Ray _	TB BP Vision
Pre-Employment back assessment (performed in Rehabilitation Department)	
Other:	



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CLOSED Sundays, New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Day. See full holiday hours and closings at www.rockfordortho.com/orthoexpress