

OCCUPATIONAL HEALTH CENTER

8:00 AM - 8:00 PM Monday - Friday 10:00 AM - 4:00 PM Sat.

AUTHORIZATION FORM

Rockford Orthopedic Associates, Ltd., D/B/A Ortholllinois 4119 W. Shamrock, #103, McHenry, IL 60050 Occupational Health

Fax **815-679-6755** Phone **815-298-2749**

TO BE COMPLETED BY ORTHOILLINOIS EMPLOYEE

Time of Arrival:

PLEASE ARRIVE PRIOR TO 7:15 PM M-F / 3:15 PM WEEKENDS IF YOU ARE COMING FOR EMPLOYMENT PHYSICALS & DRUG SCREENS.

EMPLOYEE MUST HAVE PHOTO IDENTIFICATION Authorization Date:	Authorization Expires:
Employee/Applicant name:	
Employer name:	
Address:	
Authorized Signature:	
Work-Related Injury / Incident Care: Fast Track	
Medical Evaluation (with drug screen/ alcohol) Date of work-related injury/incident: Body Part(s) Approved for Treatment:	
Employment Exams: New / Current Employees (ESP)	
□ Pre-Emp./Post offer-Factory □ Pre-Emp./Post offer-Offi □ Other:	
<u>Urine Drug Test</u> \Box Non-Federal \Box Federal	Breath Alcohol Test \Box Non-Federal \Box Federal
\Box Pre-employment \Box Return to Duty	Random Follow-up
□Random □Follow-up □Annual	□Reasonable Suspicion □Post-Accident
□Post-Accident □Reasonable Suspicion	
Surveillance Program (non-patient file)	
Additional Testing (non-patient file)	
Hepatitis B/Draw Hepatitis B Vacc	ination
□Lumbar X-Ray □Chest X-Ray □TB □B □Other:	
*** PLEASE DO NOT BRING CHILDREN WITH YOU FOR YOUR VISIT UNLESS YOU ARE ACCOMPANIED BY SOMEONE THAT WILL BE RESPONSIBLE TO CARE FOR THEM ***	



Rockford Orthopedic Associates, Ltd. D/B/A Ortholllinois Services provided through Injury Express inside Ortholllinois 4119 W. Shamrock, #103 - McHenry, IL 60050 Occupational Health



