

OCCUPATIONAL HEALTH CENTERS

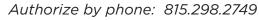
8:00 AM - 8:00 PM Monday - Friday 10:00 AM - 4:00 PM Sat.&Sun.

ALGONQUIN 650 S. Randall Rd.

ELGIN 1550 N. Randall Rd. ROCKFORD 5875 E. Riverside Blvd.

Algonquin / Elgin Fax: 815.484.6979

Rockford Fax: 779.774.1351





For quick, direct authorization submission, complete this form online.



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

| TO BE COMPLETED BY ORTHOILLINOIS EMPLOYEE: Time of Arrival: | | |
|--|---|--|
| EMPLOYEE MUST HAVE PHOTO IDENTIFICATION | | |
| Authorization Date: | Authorization Expires: | |
| Employee/Applicant name: | | |
| Employer name: | | |
| Address: | Phone: | |
| Authorized Signature: | | |
| Work-Related Injury / Incident Care: Fast Track | | |
| ☐ Medical Evaluation (with drug screen/ alcohol) | ☐Medical Evaluation (withou | ut drug screen or 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-Off | fice DOT Exam (new) Do | OT Exam (recertification) |
| □School Bus Driver Exam □Other: | | |
| <u>Urine Drug Test</u> □ Non-Federal □ Federal | Breath Alcohol Test ☐ Non-Fe | ederal □ Federal |
| □Pre-employment □Return to Duty | □Random | □ Follow-up |
| □Random □Follow-up □Annual | | · |
| · | □Reasonable Suspicion | · |
| □Post-Accident □Reasonable Suspicion | □Reasonable Suspicion | · |
| ☐ Post-Accident ☐ Reasonable Suspicion Surveillance Program (non-patient file) | □Lift Test (Provider) | □Post-Accident |
| □Post-Accident □Reasonable Suspicion | □Lift Test (Provider) | □Post-Accident |
| □ Post-Accident □ Reasonable Suspicion Surveillance Program (non-patient file) □ Respirator Exam □ Pulmonary Function Testing Additional Testing (non-patient file) | □Lift Test (Provider) ng □Respirator Fit Test | □Post-Accident |
| □ Post-Accident □ Reasonable Suspicion Surveillance Program (non-patient file) □ Respirator Exam □ Pulmonary Function Testion Additional Testing (non-patient file) □ Hepatitis B/Draw □ Hepatitis B Vacce | □Lift Test (Provider) ng □Respirator Fit Test cination □TB | □Post-Accident (bring mask) QuantiFeron Gold |
| □ Post-Accident □ Reasonable Suspicion Surveillance Program (non-patient file) □ Respirator Exam □ Pulmonary Function Testine Additional Testing (non-patient file) □ Hepatitis B/Draw □ Hepatitis B Vaccelland □ TB Mantoux □ Lumbar X-Ray □ Chest X-Ray | □Lift Test (Provider) ng □Respirator Fit Test cination □TB y □Audio Screen □ | □Post-Accident (bring mask) QuantiFeron Gold BP □Vision |
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*** PLEASE DO NOT BRING CHILDREN WITH YOU FOR YOUR VISIT UNLESS YOU ARE ACCOMPANIED BY SOMEONE THAT WILL BE RESPONSIBLE TO CARE FOR THEM ***

OcH017-01.2023