



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



# AUTHORIZATION FORM

**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: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Employer name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

**Work-Related Injury / Incident Care: *Fast Track***

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 (ESP)**

Pre-Emp./Post offer-Factory     Pre-Emp./Post offer-Office     DOT Exam (new)     DOT Exam (recertification)  
 School Bus Driver Exam     Other: \_\_\_\_\_

**Urine Drug Test**     Non-Federal     Federal  
 Pre-employment     Return to Duty  
 Random     Follow-up     Annual  
 Post-Accident     Reasonable Suspicion

**Breath Alcohol Test**     Non-Federal     Federal  
 Random     Follow-up  
 Reasonable Suspicion     Post-Accident

**Surveillance Program (non-patient file)**     Lift Test (Provider)  
 Respirator Exam     Pulmonary Function Testing     Respirator Fit Test (bring mask)

**Additional Testing (non-patient file)**  
 Hepatitis B/Draw     Hepatitis B Vaccination     TB QuantiFeron Gold  
 TB Mantoux     Lumbar X-Ray     Chest X-Ray     Audio Screen     BP     Vision  
 **Pre-Employment back assessment** (performed in Rehabilitation Department and are **not performed after 5pm weekdays or on Saturdays or Sundays**)  
 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 \*\*\***