

AUTHORIZATION FOR TESTING/TREATMENT

Employee Name:	Date:		
Employer Name:	Location:		
Services Requested **** availa DOT Physical Pre-Employment Physical Bus Driver Physical Breath Alcohol Test	able at Grand Lake Occupational Hea Injury Care Return to Work Audiograms Drug Screens		Other
Drug Screens ***available a Please indicate the type of dru ☐ DOT 5-Panel Urine Drug S ☐ Non DOT 5-Panel (DOT lo ☐ Non DOT 9-Panel w/o THO	g screen needed: creen	Panel Non	ignated reference lab) DOT Instant/Rapid
suspicion at JTDMH Emergence closed. Reason for Drug and/or Alcoh Pre Placement	Random 🔲 P	en the Occupation	onal Health Clinic is
L Follow-Up Authorized By:		Reasonable Suspi	Time:
	nic:Time		
Staff Signature:	Dat	te:	Time:
Please send the form with the en	nployee, fax to 419-394-9556 or ema	il to occhealth@jt	dmh.org
Occupational Health Clinic 200 St. Clair St./ St. Marys, Ohio (419) 394-3387, ext. 3550	Miami Erie Family Practice 4463 St. Rte. 66 /Minster, Ohio (419) 628-3821	Wapakoneta Medical Center 812 Redskin Trail/ Wapakoneta, Ohio (419) 738-4445	
Grand Lake Family Practice 801 Pro Drive/ Celina, Ohio (419) 584-7912	Grand Lake Health System Urgent Care 200 St. Clair St/ St. Marys, Ohio (419) 394-3387, ext. 3539	Grand Lake Health System Emergency Department 200 St. Clair St./ St. Marys, Ohio (419) 394-3387, ext. 3539	

Walkins welcome. Hours vary by location.

OCC-087pc 7/25