

Treatment Authorization

- | | | |
|--|---|--|
| <input type="checkbox"/> MidMichigan Urgent Care - Alma
321 E. Warwick Drive • Alma, MI 48801
Phone: (989) 466-3340 • Fax: (989) 466-6805 | <input type="checkbox"/> MidMichigan Urgent Care - Clare
700 W. Fifth Street • Clare, MI 48617
Phone: (989) 386-9911 • Fax: (989) 386-9913 | <input type="checkbox"/> MidMichigan Urgent Care - Freeland
5694 Midland Road • Freeland, MI 48623
Phone: (989) 695-4989 • Fax: (989) 695-4959 |
| <input checked="" type="checkbox"/> MidMichigan Urgent Care - Midland
3009 N. Saginaw Road • Midland, MI 48640
Phone: (989) 633-1330 • Fax: (989) 633-1355 | <input type="checkbox"/> MidMichigan Urgent Care - West Branch
640 Court Street - West Branch, MI 48661
Phone: (989) 345-8130 • Fax: (989) 345-8129 | <input type="checkbox"/> MidMichigan Urgent Care - Gladwin
609 Quarter Street Gladwin MI 48624
Phone: (989) 246-9430 • Fax: (989) 246-9435 |

Employee Name: _____ SS#: _____ D.O.B: _____
 Company Name: Central State Com. Services Date: _____
 Authorized By: Kari Conner Title: H.R. Manager
 Phone: 989-631-6691 Print Name _____ Fax: 989-631-8760

Appointment

Date: ____ / ____ / ____ Time: _____ AM PM

* Picture I.D. required. If you wear glasses, please bring them.

Injury

Nature of Injury: _____ Injury Date: ____ / ____

Physical Exam

By Appointment Only

- | | |
|---|---|
| <input checked="" type="checkbox"/> Pre-Employment Physical
<input type="checkbox"/> DOT Physical
<input type="checkbox"/> Expanded Physical
<input type="checkbox"/> Flight Physical (Gratiot Only) | <input type="checkbox"/> Company Specific Physical and Functional Assessment
<input type="checkbox"/> Strength and Flexibility Assessment
<input type="checkbox"/> Fit for Duty Exam
<input type="checkbox"/> Other (please specify) _____ |
|---|---|

Drug Testing

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Non - DOT Urine Drug Screen | <input type="checkbox"/> DOT Urine Drug Screen | <input type="checkbox"/> Hair Drug Collection | <input type="checkbox"/> Collect Only |
| <input type="checkbox"/> Non - DOT Breath Alcohol* | <input type="checkbox"/> DOT Breath Alcohol* | <input type="checkbox"/> Rapid Drug Test | |
| <input type="checkbox"/> Other: _____ | | | |

Reason For Test

- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Pre-employment | <input type="checkbox"/> Random | <input type="checkbox"/> Post - Accident | <input type="checkbox"/> Reasonable Suspicion/For Cause |
| <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Follow Up | <input type="checkbox"/> Other: _____ | |

Respirator Fit Testing*

- | | |
|---|--|
| <input type="checkbox"/> Respirator Fit Testing | <input type="checkbox"/> Respirator Medical Evaluation |
| <input type="checkbox"/> Respirator Questionnaire | <input type="checkbox"/> Mask Fit Only |

By Appointment Only

Other Services

- | | |
|---|---|
| <input type="checkbox"/> Audiogram (OSHA hearing test)
<input checked="" type="checkbox"/> TB Test
<input checked="" type="checkbox"/> Hepatitis B Vaccine
<input type="checkbox"/> Vision Screening | <input type="checkbox"/> PFT * Not Houghton Lake
<input type="checkbox"/> L.S. Spine X-ray _____ View
<input type="checkbox"/> Other: _____ |
|---|---|

Staff Signature: _____ Date: _____