

Corporate Health Authorization Form

Today's Date: _____

2660 Reidville Road, Unit 1
Spartanburg, SC 29301
Phone: 864-560-9651
Fax: 864-560-9636

150 D Street
Greer, SC 29650
Phone: 864-849-9180
Fax: 864-801-4398

Patient Name: _____

Company Name: _____

Sex: _____ Birth Date: _____

Authorizing Rep: _____

SSN: _____

Authorizing Rep. Phone: _____ Fax: _____

For work-related injuries after hours, please call 864-577-4059 or go to the nearest Immediate Care Center (see locations on page 2) or Emergency Room as appropriate for severity of injury.

Thank you for choosing Spartanburg Regional Healthcare System for your organization's healthcare needs.

Completion of this form authorizes Spartanburg Regional Corporate Health to provide the following services:

Physicals:	Lab Services:	Drug Screen/Breath Alcohol Reason:
<input type="radio"/> DOT Recertification <input type="radio"/> Firefighter physical <input type="radio"/> Federal Aviation Exam <input type="radio"/> HAZ MAT <input type="radio"/> Mobile Equipment <input type="radio"/> Police physical <input type="radio"/> Pre-employment <input type="radio"/> Pre-employment DOT <input type="radio"/> Other Physicals: _____ <input type="radio"/> Yes this service need to be completed on your companies forms.	<input type="radio"/> BBP Exposure: Specify _____ <input type="radio"/> Hepatitis Titer <input type="radio"/> MMR Titer <input type="radio"/> Varicella Titer <input type="radio"/> Other Exposure: Specify _____ <input type="radio"/> Follow up <input type="radio"/> No Drug Screen	<input type="radio"/> For Cause <input type="radio"/> Post Accident <input type="radio"/> Pre-employment <input type="radio"/> Random <input type="radio"/> Return to Work <input type="radio"/> Other: _____
		Drug Screen Type:
		<input type="radio"/> Per Agreement
	Other Services:	Breath Alcohol Test:
	<input type="radio"/> Audiometry (Hearing Test) <input type="radio"/> EKG <input type="radio"/> Fit for Duty <input type="radio"/> Pulmonary Function Test (PFT) <input type="radio"/> Respiratory Clearance Resp. Fit Test <input type="radio"/> Quantitative (unavailable @ Hwy 14 office) <input type="radio"/> Qualitative <input type="radio"/> Titmus Vision Test <input type="radio"/> Wellness: Specify _____ <input type="radio"/> Work Comp. Injury <input type="radio"/> X-Ray	<input type="radio"/> DOT <input type="radio"/> Non-DOT Hair Analysis: <input type="radio"/> Hair Analysis <input type="radio"/> Hair Analysis w/ expanded opiates Urine: Observed? Yes / No <input type="radio"/> DOT <input type="radio"/> Non-DOT 10 Panel (Instant) <input type="radio"/> Non-DOT 10 Panel (Send out) <input type="radio"/> w/ expanded opiates (Send out) <input type="radio"/> Non-DOT 5 Panel (Instant) <input type="radio"/> Non-DOT 5 Panel (Send out) <input type="radio"/> Other: _____
Vaccine/Injection Services:		
<input type="radio"/> Influenza Vaccine <input type="radio"/> Hepatitis B Vaccine ___ 1st ___ 2nd ___ 3rd <input type="radio"/> PPD/TB Skin Test ___ 1st Step ___ 2nd Step <input type="radio"/> QuantiFeron TB-Gold <input type="radio"/> Tetanus <input type="radio"/> T-dap <input type="radio"/> Other Vaccine: Specify _____		

***The employer is responsible for administering the respiratory protection program based on OSHA accepted protocols found in 1910.134. ***

Comments: _____
