



NATIONAL OCCUPATIONAL HEALTH SERVICES, LLC.

6732 E. 41st St.

Tulsa, OK 74145

(918)794-4777 Voice (918)794-4778 Fax

AUTHORIZATION FOR EXAMINATION AND TESTING

PHOTO ID IS REQUIRED AT TIME OF SERVICE

PATIENT NAME: _____ DOB: _____ SSN: _____

POSITION: _____ JOB CODE: _____

COMPANY NAME: DEPARTMENT OF CORRECTIONS _____

ADDRESS: _____

RESPONSIBLE PARTY: COMPANY _____ EMPLOYEE _____ OTHER: National Occupational Health

SERVICE REQUESTED

PLEASE CHECK ALL THAT APPLY

REASON:

<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> RANDOM	<input type="checkbox"/> RETURN TO DUTY
<input type="checkbox"/> REASONABLE SUSPICION/CAUSE	<input type="checkbox"/> POST ACCIDENT	<input type="checkbox"/> FOLLOW UP
<input type="checkbox"/> PERIODIC	<input type="checkbox"/> PROMOTION/CURRENT	
<input type="checkbox"/> RECERTIFICATION		

<input type="checkbox"/> DOT	<input type="checkbox"/> DRUG	<input type="checkbox"/> PHYSICAL EXAM
<input type="checkbox"/> NON-DOT	<input type="checkbox"/> ALCOHOL	

DATE ISSUED: _____

Time Issued: _____ AM _____ PM _____

Report By: _____ AM _____ PM _____

COMMENTS

COLLECTION SITE NAME AND ADDRESS

Authorized by: _____ Date: _____

Phone: _____

****ATTENTION COLLECTION SITE****

IF DONOR DOES NOT ARRIVE ON THE AUTHORIZATION DATE OR APPOINTMENT DATE
DO NOT PERFORM A COLLECTION!!!!"