Company Care 5000 N. 26th Street #200 Lincoln, NE 68521 Phone: (402) 475-6656
Fax: (402) 742-8419

Employer Authorization for Examination or Treatment

Employee Name: _____ SS #_____

Company: _____

Physical Exams	**Miscellaneous**
Job Title _____ _____ Post offer physical exam _____ Back screen _____ Asbestos _____ Executive _____ Hazmat _____ Respirator _____ Other _____	_____ Audiogram _____ Vision _____ Vax/meds/injection _____ _____ Other _____
Work-Related ___ Injury ___ Illness	**DOT Physical** _____ New certification/initial _____ Recertification _____ Other _____

Drug Testing:	**Breath Alcohol Testing:**
_____ Pre-employment _____ Post-accident _____ Return to Duty* (mandatory observed for DOT) _____ Random _____ Follow-up* (mandatory observed for DOT) _____ Reasonable Suspicion _____ Hair collection _____ **DOT*** _____ **Non-DOT** _____ **STAT**	_____ Pre-employment _____ Post-accident _____ Return to Duty _____ Random _____ Follow-up _____ Reasonable Suspicion _____ **DOT** _____ **Non-DOT**

Authorized by _____ Date _____

Appointment Information
Report to: Company Care, 5000 N. 26th Street, Lincoln, NE

_____ Immediately On _____/_____/_____ at _____AM/PM

This form can be found at www.companycareonline.com