

REFERRAL AND AUTHORIZATION

PLEASE TYPE OR PRINT IN INK

EMPLOYEE NAME (LAST, FIRST, MI)		SOCIAL SECURITY OR EMPLOYEE ID:	DATE
APPOINTMENT DATE	APPOINTMENT TIME	NOTIFICATION TIME	
SUPERVISOR / REFERRED BY:		PHONE NUMBER	FAX NUMBER
COMPANY INFORMATION:	NAME		
	ADDRESS		
	CITY, STATE, ZIP		

As a representative of the company indicated above, I hereby authorize Apple Valley Medical Clinic OHS to examine and treat, if necessary, the individual bearing this form. The company agrees to accept financial responsibility for this service.

SIGNATURE	DATE
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REASON FOR VISIT (Please check all that apply)

Type of Exam

- DOT Exam
 - Pre-employment Recertification
- Pre-placement (non-regulated)
- Fitness for duty
- Return to work

Other Occupational Health Services

- Audiogram
- Audio exam (follow-up hearing exam)
- Hepatitis B immunization – vaccination series
 - 1 2 3
- Hepatitis B Titer
(blood draw and lab work with quest + review)

Workers' Comp Injury

Drug Screen Testing

A picture ID must be presented for drug screening.

Type of Drug Screen

- Federal/regulated (DOT)
- Non-regulated (Non-DOT)
- Pre-employment
- Post-injury/Post-accident
- Random
- Return to duty
- Reasonable suspicion
- Other
- Hepatitis B Titer:
Blood draw/lab

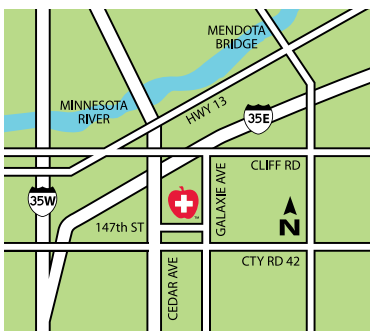
Breath Alcohol Testing

Type of Alcohol Screen

- Federal/regulated (DOT)
- Non-regulated (Non-DOT)
- Post-injury/Post-accident
- Random
- Return to duty
- Reasonable suspicion
- Blood alcohol
- Other

To enable us to serve you better, please call for an appointment whenever possible. Walk-ins for drug/alcohol testing and for injuries are welcome.

PLEASE CALL JOHN EIBS AT 612-209-5768 WITH ANY QUESTIONS.



**APPLE VALLEY
MEDICAL CLINIC, LTD.**

Occupational Health Services

14655 Galaxie Avenue • Apple Valley, MN 55124
Tel (952) 432-6161 • Fax (952) 997-9836

HOURS:

8:00 AM - 8:00 PM • Monday-Friday

INJURY CARE:

24/7/365 (includes all drug and alcohol testing circumstances)