

## REFERRAL AND AUTHORIZATION

PLEASE TYPE OR PRINT IN INK

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

Please have your employee bring in a drivers' license or photo ID.

As a representative of the company indicated above, I authorize Apple Valley Medical Clinic OHS to examine and treat, if necessary, the individual bearing this form.

SIGNATURE

DATE

### EMPLOYEE INJURY CARE

- Work-Related Injury or Illness  
 Non Work-Related Injury or Illness  
 Unknown

Type of Injury / Illness: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Workers' Compensation Insurance: \_\_\_\_\_

Phone: \_\_\_\_\_

Post-Injury or Post-Accident Drug or Alcohol Testing Required?

- Yes  No

### OCCUPATIONAL HEALTH EXAMINATIONS

- DOT Exam (Please indicate type)  
 Pre-Employment or  Recertification  
 Pre-Placement (non-regulated baseline exam)  
 Combined Pre-Placement & DOT Exam  
 Respirator Clearance  
 Fitness for Duty  
 Pre-Work Screen  
 (Courage Kenny Sports & Physical Therapy – Apple Valley)  
 Audiogram (Hearing Test)  
 Other

### DRUG & ALCOHOL TESTING

#### Drug Screen Testing (Urine)

- Federal/Regulated (DOT)  
 Non-Regulated (Non-DOT)  
 Other (Non-Regulated)

#### Reason for Test

- Pre-Employment  
 Post-Injury/Post-Accident  
 Random  
 Return to Duty  
 Reasonable Suspicion  
 Follow-up

#### Alcohol Testing (Breath Alcohol)

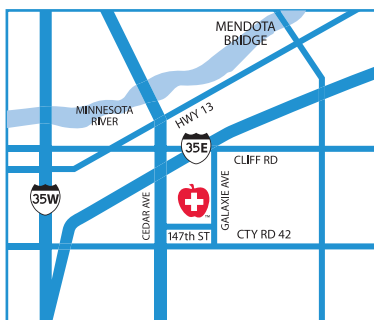
- Federal/Regulated (DOT)  
 Non-Regulated (Non-DOT)  
 Non-Regulated Blood Alcohol Draw

#### Reason for Test

- Post-Injury/Post-Accident  
 Random  
 Return to Duty  
 Reasonable Suspicion  
 Follow-up

### VACCINATIONS/OTHER OCCUPATIONAL HEALTH SERVICES

- Hepatitis B Immunization - Vaccination Series  1  2  3  
 Hepatitis B Titer  
 TB/Mantoux (Tuberculin Skin Test)  Step 1  Step 2 (if required)  
 Positive Tuberculin Skin Test Follow-up (Chest X-ray)  
 QuantiFERON - TB Gold (Tuberculosis Lab Test/Blood Draw)  
 Tetanus Shot  
 Flu Vaccination  
 Other



PLEASE CONTACT JACK EIBS AT 612-209-5768 OR [jeibs@applevalleymc.com](mailto:jeibs@applevalleymc.com) WITH ANY QUESTIONS.



**APPLE VALLEY  
MEDICAL CLINIC, LTD.**

**Occupational Health Services**

14655 Galaxie Avenue • Apple Valley, MN 55124  
 (952) 432-6161 (Scheduling) • (952) 997-9820 (OHS Dept)  
 Fax (952) 997-9836

#### HOURS:

**Occupational Health Exams:**  
 8:00 AM - 6:00 PM, Monday through  
 Friday. Please call for an appointment.

**Injury Care, Drug & Alcohol Testing**  
 Walk in service 365 days a year, from  
 7 am to 11 pm