



Infirmary Occupational Health
INFIRMARY HEALTH

PHYSICAL EXAMINATION, INJURY TREATMENT AND DRUG/ALCOHOL TESTING
AUTHORIZATION

Please complete this form and have employee proceed to one of the following Infirmary Occupational Health

IOH – Daphne
7101 Highway 90, Ste. 101
Daphne, AL 36526
251-625-8222 Phone
251-625-8117 FAX

IOH – Water Street
305 North Water Street
Mobile, AL 36602
251-433-3781 Phone
251-433-3772 FAX

IOH – West
5320 US Hwy 90 West
Mobile, AL 36619
251-660-7676 Phone
251-660-8348 FAX

Date: _____ Time: _____

Employer: _____ Phone Number: _____

Employer Address: _____

Employee Name: _____

Please perform the following services

Workmen’s Compensation Injury Treatment

- Drug Screen – Post Accident Breath Alcohol Test-Post Accident
- Non DOT Drug Screen 5 Panel
- Non DOT Drug Screen 10 Panel
- DOT Drug Screen

Physical Examination

- DOT Physical Examination Non DOT Physical Examination
- DOT Drug Screen
- Non DOT Drug Screen 5 Panel Non DOT Drug Screen 10 Panel
- Rapid/Instant Test 5 Panel Rapid/Instant Test 10 Panel
- Respiratory Questionnaire Pulmonary Function Test Respirator Fit Test
- Audiogram Other Testing _____

Random Testing

- Non DOT Drug Screen 5 Panel Non DOT Drug Screen 10 Panel
- DOT Drug Screen Breath Alcohol Test

Other Services _____

Please Specify Agency if DOT: FMCSA FRA FAA FTA USCG PHMSA

Authorized by: _____ Date: _____
(print/sign name)