123 Main Street, Birmingham, AL 35242 | 205-555-5555
321 Main Street, Birmingham, AL 35242 | 205-444-4444
456 Main Street, Birmingham, AL 35242 | 205-333-3333
654 Main Street, Birmingham, AL 35242 | 205-222-2222

Employer Authorization for Examination or Treatment

Please email or fax this and all completed forms to the clinic listed above.

Patient's Name _____ Date _____

EMPLOYER REPRESENTATIVE

Please complete all information in this section before sending employee for treatment or services.

Employer Name _____ Employer Contact Name _____

Employer Address _____ Employer Contact Phone _____

City, State, Zip _____ Employer Contact Fax _____

☐ Bill to Company/Employer

☐ Workers' Comp Carrier

WORKERS' COMP CARRIER

WC Carrier Name _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

AUTHORIZED SERVICES

AFC is authorized to provide the following services:

PHYSICALS
Return to Work
Basic Physical
Annual Physical
DOT Physical
DOT Recertification
Hazmat
Return to Work

REASON FOR DRUG SCREEN
Pre-Employment
Random
Return to Work
Follow-Up
Reasonable Suspicion
Periodic Review
Post Accident

DRUG AND ALCOHOL	
DOT	NON-DOT
Breath Alcohol	In-House Rapid (5 Panel)
AFC CCF	In-House Rapid (10 Panel)
Emp CCF/Collection	Collection Only
	Breath Alcohol
	Hair
	Blood Alcohol

OTHER SERVICES
Spirometry (Pulmonary Function)
Audiometry (Hearing Test)
Snellen (Vision Exam)
Ishihara (Color Blind Test) EKG
Work Comp Injury Treatment
OSHA Respirator Questionnaire Review
Respirator/Mask Fit Test

LAB SERVICES	
PPD/Tuberculosis Skin Test - 1st Step	Titer - Hepatitis A (send to lab)
PPD/Tuberculosis Skin Test - 2nd Step	Titer - Hepatitis B (send to lab)
Vaccine - Hepatitis A - 1st Injection	Titer - Hepatitis B (send to lab)
Vaccine - Hepatitis A - 2nd (180 days)	Tetanus - Tdap
Vaccine - Hepatitis B - 1st	Tetanus - TD
Vaccine - Hepatitis B - 2nd (30 days)	Post Exposure Protocol
Vaccine - Hepatitis B - 3rd (180 days)	Other Lab Services
Other Vaccine	Specify:
Specify:	

_____ _____

Signature of Employer Date