CSCS
central state
community
services
incorporated

Employer Authorization Form

Central State Community Services, Inc.
2029 S. Elms Rd; Swartz Creek, MI 48473
PH: 810-732-6208 | FAX: 810-732-3188
Primary Contact: Kari Conner – HR Manager – 989-631-6691

Patient Name:_____ Date:_____

REQUIRED SERVICES (check all that apply)

Work Related

☐ Worker's Compensation Injury Treatment:
Date of Injury: _____
Type of Injury: _____
_____
_____

☐ Post-accident Drug Screen required

Drug Screen/Breath Alcohol Testing

☐ Drug Screen
☐ DOT: (check agency below)
DOT Agency: ☐ FMCSA ☐ FTA ☐ PHMSA ☐ FAA ☐ FRA ☐ USCG
☐ Non-DOT: (fill in test code below)
☐ 5 Panel ☐ 9 Panel ☐ 10 Panel ☐ 7 Panel ☐ Other _____
☐ Instant

☐ Breath Alcohol
☐ DOT ☐ Non-DOT

Physical Examination

☐ DOT Physical
☒ Pre-Employment PE
☐ Respiratory Clearance PE
☐ Physical (Other):
Specify: _____

Special Examination

☐ Audiogram ☐ Blood Lead Level
☐ Chest X-ray ☐ Hepatitis B Immunization
☐ Hepatitis B Profile ☐ Spirometry with Letter
☐ PPD (TB test) ☐ Tetanus
☐ Flu Shot
☒ Other: TB test
☐ Other: _____

This Certifies that the above information is correct.
I authorize the medical provider to provide medical treatment to the employee named above.

Kari Conner _____ _____
Signature or Company Authorization Number Date

Kari Conner HR Manager
Printed Name Position Title