

Covenant Occupational Health & Wellness Authorization Form

Employee Name (Please Print) _____

Company _____

INJURY CARE

Type of Injury _____ Injury Date ____/____/____

• Picture I.D. required. • If you wear glasses, please bring them.

SUBSTANCE ABUSE TESTING

DOT Drug Screen Non DOT Drug Screen Breath Alcohol
 Collection E-Screen Other _____

REASON FOR SUBSTANCE ABUSE TEST

Preplacement Reasonable Cause Post Accident
 Random Return to Duty Follow-up

Special Instructions (Please Print) _____

Authorized By (Print Name) _____ Kari Conner _____ (Signature) *Kari Conner*

Phone (989) 631-6691/Fax (989) 631-8760

APPOINTMENT

Date ____/____/____ Time _____ am pm

PHYSICAL EXAM

Preplacement Annual Other

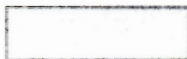
DOT PHYSICAL EXAM

Preplacement Recertification Other

SPECIAL EXAMS

Asbestos Consultation Respirator Independent Medical Exam X-Ray
 Executive Physical Respiratory Questionnaire Audiogram Pulmonary Function Test TB Test
 Return to Work Lab Draw
 Other _____

See back for a listing and map of our five convenient
Covenant Occupational Health & Wellness locations.



Extraordinary care for every generation.