



Pre-Employment Physical and TB Authorization

Employee Name: _____

Employee Date of Birth: _____

Services Needed: Pre-Employment Physical/ TB test/ _____

Authorized by: Central State Community Services
2603 W. Wackerly St. Suite 201
Midland, MI 48640
Phone: (989) 631-6691
Fax: (989) 631-8760

Kari Conner  _____
Employer Representative Name / Employer Representative Signature Date