

Occupational Medicine Employee Order Form

Company Name:	Date
Employee Name:	Position:
Drug Screen: (picture ID required) DOT drug screen Non-DOT drug screen	Alcohol Test: (picture ID required) DOT breath alcohol Non-DOT breath alcohol
Reason for drug and/or alcohol test:	Exams:
Pre-employment Return to duty	Pre-employment
Random Follow-up	DOT physical
Post-accident Reasonable suspicion	Respiratory exam
Other Services:	

Signature of Manager/Supervisor:

Monday-Thursday: 8 a.m.-5 p.m. Friday: Drug Screens Only

Occupational Medicine Hours

Drug Screen Hours

Monday-Thursday: 8 a.m.-4:30 p.m. Friday: 8 a.m.-4:00 p.m. (Last Drug Screen at 3:30 p.m.)

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