Mercer Health

AUTHORIZATION FOR TESTING

Employee Name:	**Date:**
Employer Name:	**Location:**

If this is for care of a work injury, does the employer offer light duty or restrictions? Y N N/A

Services Requested:

- ☐ **DOT Physical**
- ☐ **Pre-Employment Physical**
- ☐ **Bus Driver Physical**
- ☐ **Initial Injury**
- ☐ **Return to Work**
- ☐ **Audiograms**
- ☐ **Breath Alcohol Test**
- ☐ **Drug Screen**
- ☐ **Other_____**

For Drug Screens, Please indicate the type of screen needed:

- ☐ **DOT 5-Panel Urine Drug Screen**
- ☐ **Collection Only(company has designated reference lab)**
- ☐ **Non DOT 5-Panel**
- ☐ **Non DOT 7-Panel**
- ☐ **Non DOT Instant**
- ☐ **Non DOT 9-Panel**
- ☐ **Non DOT 10-Panel**
- ☐ **Non DOT 8-Panel with no THC(V036)**

Reason for Drug and/or Alcohol Testing:

- ☐ **Pre Placement**
- ☐ **Random**
- ☐ **Post Accident**
- ☐ **Other**
- ☐ **Follow-Up**
- ☐ **Return to Duty**
- ☐ **Reasonable Suspicion**

Authorized By: _____ Date: _____ Time: _____

Time arrived at facility: _____ Time departed facility: _____

Staff Signature: _____ Date: _____ Time: _____