

**Bronson ProHealth Management Services
Employer Authorization for Examination or Treatment**

Employee Name: _____ Job Title: _____

Employer: _____

Date of Appointment: _____ Time of Appointment: _____

Location of Appointment:

- Bronson ProHealth (Downtown) 820 John St , Suite 102 Kalamazoo, MI 49007 (269) 341-8938
- ProHealth @ the LIRC (Oshtemo) 6789 Elm Valley Dr Kalamazoo, MI 49009 (269) 341-8938
- Bronson Vicksburg (Vicksburg) 13326 N Boulevard Vicksburg, MI 49097 (269) 649-9144
- ProHealth @ LakeView (Paw Paw) 505 Hazen, Suite 203 Paw Paw, MI 49079 (269)657-1416

**Photo ID is required for all Drug and Alcohol Testing
If you wear corrective lenses, please bring them to your physical**

<p>Work Related</p> <p><input type="checkbox"/> Injury (Specify) _____ _____</p> <p><input type="checkbox"/> Illness (Specify) _____ _____</p> <p>Date Of Injury: _____</p> <p>How Injury Occurred: _____ _____</p>	<p>Physical Exam</p> <p><input type="checkbox"/> Post Offer/Pre-Employment</p> <p><input type="checkbox"/> Dept of Transportation</p> <p style="margin-left: 20px;"><input type="checkbox"/> Initial</p> <p style="margin-left: 20px;"><input type="checkbox"/> Recertification</p> <p style="margin-left: 20px;"><input type="checkbox"/> Send card with Employee</p> <p style="margin-left: 20px;"><input type="checkbox"/> Mail Card to Company</p> <p><input type="checkbox"/> Annual Exam</p> <p><input type="checkbox"/> Return to Work</p>
<p>Substance Abuse Screen</p> <p><input type="checkbox"/> Urine Drug Screen</p> <p style="margin-left: 20px;"><input type="checkbox"/> Non-Regulated 10 Panel</p> <p style="margin-left: 20px;"><input type="checkbox"/> Non-Regulated 5 Panel</p> <p style="margin-left: 20px;"><input type="checkbox"/> Non-Regulated Rapid 5 Panel</p> <p style="margin-left: 20px;"><input type="checkbox"/> Regulated/DOT</p> <p style="margin-left: 20px;"><input type="checkbox"/> Collection (Lab Requisition Enclosed)</p> <p><input type="checkbox"/> Breath Alcohol Test</p> <p><input type="checkbox"/> Hair Follicle Drug Test</p> <p>Reason for Test</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Post Accident</p> <p><input type="checkbox"/> Pre-Employment</p> <p><input type="checkbox"/> Reasonable Suspicion</p>	<p>Additional Tests</p> <p><input type="checkbox"/> Audiogram</p> <p><input type="checkbox"/> Back Screen</p> <p><input type="checkbox"/> Lift Test</p> <p><input type="checkbox"/> Chest X-Ray</p> <p><input type="checkbox"/> EKG</p> <p><input type="checkbox"/> Pulmonary Function Test (PFT)</p> <p><input type="checkbox"/> TB Skin Test</p> <p><input type="checkbox"/> Labwork</p> <p style="margin-left: 20px;"><input type="checkbox"/> CBC w/ diff</p> <p style="margin-left: 20px;"><input type="checkbox"/> Comp Metabolic Panel</p> <p style="margin-left: 20px;"><input type="checkbox"/> U/A</p> <p style="margin-left: 20px;"><input type="checkbox"/> PSA</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Respirator Questionnaire</p> <p><input type="checkbox"/> Hepatitis B Vaccination</p> <p><input type="checkbox"/> Hepatitis B Antibody Screen</p> <p><input type="checkbox"/> Other: _____ _____</p>
<p>Special Instruction: _____ _____</p>	
<p>Authorized by: _____</p> <p style="margin-left: 100px;">Signature</p> <p style="margin-left: 450px;">Print</p> <p>Phone: () _____</p> <p style="margin-left: 450px;">Date: _____</p>	