



**BRONSON PROHEALTH
EMPLOYER AUTHORIZATION FOR EXAMINATION OR TREATMENT**

Employee Name: _____ Job Title: _____

Employer: _____

Date of Appointment: _____ Time of Appointment: _____

Location of Appointment:

- 265 Fremont St., Battle Creek, MI 49017, (269) 245-8166
- 404 Hazen St, Suite 100, Paw Paw, MI 49079, (269) 657-1416
- 6789 Elm Valley Dr, Kalamazoo, MI, 49009, (269) 341-8938
- 820 John St, Suite 102, Kalamazoo, MI 49001, (269) 341-8938
- 950 S. Bailey Ave., Suite 1, South Haven, MI 49090, (269) 639-2787

**Photo ID is required for all drug and alcohol testing
If you wear corrective lenses, please bring them to your physical.**

Email or fax authorization form to: prohealth.sched@bronsonhg.org or (269) 341-6295

<p>Work Related</p> <p><input type="checkbox"/> Injury (Specify) _____</p> <p>_____</p> <p><input type="checkbox"/> Illness (Specify) _____</p> <p>_____</p> <p>Date of Injury: _____</p> <p>How Injury Occurred: _____</p> <p>_____</p>	<p>Physical Exam</p> <p><input type="checkbox"/> Post Offer/Pre Employment</p> <p><input type="checkbox"/> Dept. of Transportation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Initial</p> <p style="padding-left: 20px;"><input type="checkbox"/> Recertification</p> <p style="padding-left: 20px;"><input type="checkbox"/> Send card with Employee</p> <p style="padding-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><input type="checkbox"/> Fit For Duty</p> <p><input type="checkbox"/> Vision Testing</p> <p>Additional Tests</p> <p><input type="checkbox"/> Audiogram</p> <p><input type="checkbox"/> Back Screen</p> <p><input type="checkbox"/> Lift Test (How many pounds? _____)</p> <p><input type="checkbox"/> Chest X-Ray (Circle One)</p> <p style="padding-left: 40px;">Single View</p> <p style="padding-left: 40px;">Two View</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="padding-left: 20px;"><input type="checkbox"/> CBC w/diff</p> <p style="padding-left: 20px;"><input type="checkbox"/> Comp Metabolic Panel</p> <p style="padding-left: 20px;"><input type="checkbox"/> U/A</p> <p style="padding-left: 20px;"><input type="checkbox"/> PSA</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Respirator Questionnaire</p> <p><input type="checkbox"/> Respirator Fit Test</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>Substance Abuse Screen</p> <p><input type="checkbox"/> Urine Drug Screen</p> <p style="padding-left: 20px;"><input type="checkbox"/> Non-Regulated 10 Panel</p> <p style="padding-left: 20px;"><input type="checkbox"/> Non-Regulated 5 Panel</p> <p style="padding-left: 20px;"><input type="checkbox"/> Non-Regulated Rapid 5 Panel</p> <p style="padding-left: 20px;"><input type="checkbox"/> Non-Regulated Rapid 10 Panel</p> <p style="padding-left: 20px;"><input type="checkbox"/> Regulated/DOT</p> <p style="padding-left: 20px;"><input type="checkbox"/> Collection (Lab Requisition Enclosed)</p> <p><input type="checkbox"/> Breath Alcohol Test</p> <p style="padding-left: 20px;"><input type="checkbox"/> Non-Regulated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Regulated</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><input type="checkbox"/> Other: _____</p>	
<p>Special Instruction: _____</p> <p>_____</p>	
<p>Authorized by: _____</p> <p style="text-align: center;">Signature Print</p> <p>Phone: (_____) _____ Date: _____</p>	