BRONSON
ProHealth®

Bronson ProHealth: Employer Authorization for Examination or Treatment

Employee Name: _____ Job Title: _____

Employer: _____

Date of Appointment: _____ Time 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

Work Related:

- ☐ Injury (Specify) _____
- ☐ Illness (Specify) _____

Date of Injury: _____

How injury occurred: _____

Substance Abuse Screen

- ☐ Urine Drug Screen
  - ☐ Non-Regulated 5 Panel
  - ☐ Non-Regulated 9 Panel
  - ☐ Non-Regulated 10 Panel
  - ☐ Non-Regulated Rapid 5 Panel
  - ☐ Non-Regulated Rapid 9 Panel
  - ☐ Non-Regulated Rapid 10 Panel
  - ☐ Regulated/DOT
  - ☐ Collection (Lab Requisition Enclosed)
- ☐ Breath Alcohol Test
  - ☐ Non-Regulated
  - ☐ Regulated
- ☐ Hair Follicle Drug Test

Reason for Test

- ☐ Random
- ☐ Post Accident
- ☐ Pre-Employment
- ☐ **Reasonable Suspicion**
- ☐ Other: _____

Physical Exam

- ☐ Post Offer/Pre-Employment
- ☐ Dept. of Transportation
  - ☐ Initial
  - ☐ Recertification
  - ☐ Send Card with Employee
  - ☐ Mail Card to Company
- ☐ Annual Exam
- ☐ Return to Work
- ☐ Fit for Duty
- ☐ Vision Testing

Additional Testing

- ☐ Audiogram
- ☐ Back Screen
- ☐ Lift Test (How many pounds? _____)
- ☐ Chest X-Ray (Circle One)
  Single View Two View
- ☐ EKG
- ☐ Pulmonary Function Test (PFT)
- ☐ TB Skin Test
- ☐ Labwork
  - ☐ CBC w/diff
  - ☐ Comp Metabolic Panel (CMP)
  - ☐ U/A
  - ☐ PSA
  - ☐ Other: _____
- ☐ Respirator Questionnaire
- ☐ Respirator Fit Test
- ☐ Hepatitis B Vaccination
- ☐ Hepatitis B Antibody Screen
- ☐ Other: _____

Special Instructions: _____

Authorized by (signature): _____ Date: _____ Time: _____

Print Name: _____ Phone: (____)_____