Novant Health Occupational Medicine
Authorization for Treatment

†2337 Winterhaven Lane, Winston-Salem - Phone:336-774-0044
501 Hickory Branch Dr, Greensboro -Phone: Phone: 336-878-2260
330 Billingsley Rd #101, Charlotte, NC – Phone: 704-316-2333
9600 E Independence Blvd, Matthews, NC – Phone: 704-316-4846

Company Name: _____

Employee's Name: _____

Authorized By: _____ **Contact #**_____

Title: _____ **Date:** _____

Reason:

☐ Post Offer/Pre-Employment ☐ Random ☐ Post-Accident ☐ For Cause/Reasonable Suspicion
☐ Return to Duty ☐ Follow Up
☐ Other (Please Specify) _____

Toxicology Testing:	**Employment Examination:**	**Worker's Compensation Treatment**
☐ **Drug Screen DOT 5 Panel** (NH OM Lab, Chain of Custody and MRO) ☐ **Drug Screen NONDOT 9 Panel** (NH OM Lab, Chain of Custody and MRO) ☐ **Drug Screen 12 Panel** (NH OM Lab, Chain of Custody and MRO) ☐ **Drug Screen Rapid** (Only Approved by NC DOL for Pre-Employment NONDOT) ☐ **Drug Screen Collection ONLY** Your COC, Lab and MRO ☐ **Other (Please Specify)** _____ ☐ **Breath Alcohol** (NON DOT or DOT) w/ Breath Confirmation ☐ **Breath Alcohol** (NON DOT) w/ Blood Confirmation ☐ **Blood Alcohol** (for NON DOT ONLY)	☐ **Non-DOT Physical with UA** ☐ **DOT Physical with UA** ☐ **Fit for Duty** ☐ **Audiometric Testing** ☐ **Spirometry** ☐ **Respirator Questionnaire** ☐ **Respirator Fit Testing** ☐ Qualitative ☐ Quantitative **Labs, Vaccines and MISC SVCS** ☐ **Hepatitis B Vaccine (2 shot)** **# 1 ___ # 2 ___** ☐ **Hep B Antibody** ☐ **TB Skin Test** ☐ **Tetanus** ☐ **MMR Titer** ☐ **MMR Vaccine** ☐ **Varicella Titer** ☐ **Varicella Vaccine** ☐ **Quantiferon** (screen for TB) ☐ **Flu Vaccine** ☐ **COVID Screening** ☐ **Other** (Please Specify)	☐ **POST EXPOSURE PROTOCOL** (needs to be seen immediately) **DATE OF INJURY:** _____ **TIME:**_____ **Is a Drug Screen Required?** ☐ Yes ☐ No ☐ DOT or ☐ NON DOT **Is a Breath Alcohol Required?** ☐ Yes ☐ No ☐ DOT or ☐ NON DOT ☐ Other (Please Specify)