

OCCUPATIONAL TEAM SOLUTIONS, LLC
1309 LEES CHAPEL ROAD GREENSBORO, NC 27455
(336) 210-5658

EMPLOYER AUTHORIZATION FOR SERVICE FORM

EMPLOYER: _____ DATE: _____

EMPLOYEE NAME: _____

PLEASE CHECK ONLY SERVICE ITEM(S) TO BE PERFORMED:

TOXICOLOGY TESTING: NON FEDERAL () FEDERAL ()

PRE EMPLOYMENT _____

RANDOM _____

POST ACCIDENT _____

REASONABLE CAUSE _____

RETURN TO DUTY _____

BREATH ALCOHOL TEST: NON FEDERAL () FEDERAL ()

PRE EMPLOYMENT _____

RANDOM _____

POST ACCIDENT _____

REASONABLE CAUSE _____

RETURN TO WORK _____

RESPIRATOR FIT TEST: _____ PULMONARY FUNCTION TEST: _____

AUDIOGRAM TEST: _____

PHYSICAL:

DOT: _____

CRANE OPERATOR PHYSICAL: _____

PRE EMPLOYMENT PHYSICAL: _____

SUPERVISOR NAME: _____ PHONE NO. _____

(Print Name)