



823 Pearman Dairy Rd, Anderson SC 29625 Phone 864 225-7878 Fax 864-225-7863

Work Place Authorization Form

Employee Name _____

Employer Company _____ Office # _____ Fax# _____

Authorized Signature _____ Print Authorized Name _____

Date _____ Time Sent _____ Time Departed _____

*****NOTE: Please provide a fax number for results to be faxed back. Example Drug screen result**

Due to extended hours and weekends, an alternate number is required for problems that arise # _____.

Visit Indication

_____ Work related Injury

_____ Pre-employment Physical

_____ Physical * Choose One: DOT / OSHA Respirator Eval.

Occupational Testing-

Drug Screen

_____ 5 Panel Rapid

_____ 10 Panel Rapid

_____ DOT

_____ Non-DOT

Breath Alcohol

_____ DOT

_____ Non-DOT

Miscellaneous

_____ Eye Exam

_____ Lab Work

_____ PFT

_____ X-ray

** Drug Screen Reason

_____ Pre-Employment

_____ Random

_____ Post Accident

_____ Return to Duty

_____ Follow Up

_____ Reasonable Suspicion

** Reason for Breath Alcohol

_____ Pre-Employment

_____ Random

_____ Post Accident

_____ Return to Duty

_____ Follow Up

_____ Reasonable Suspicion

Note

**You must choose a reason
for Drug Screens and Breath Alcohol**