

EPS Approval Form



Occupational Medicine

Company Name: _____

Company Contact: _____

Contact Phone: _____

Employee Name: _____

Date Approval Expires: _____

Reason for Service: _____

If the above is not completely filled out, the clinic will decline to provide service.

EXAMS:

- ☐ Non-DOT Physical
- ☐ DOT Physical
- ☐ Peace Officer Physical
- ☐ NFPA
- ☐ DOE (School Bus Driver) Physical

Drug Screenings (DOT):

- ☐ DOT Drug Screen (ExperCARE COC)
- ☐ DOT Drug Screen (Use your own COC)
- ☐ Breath Alcohol DOT

Drug Screenings (NON-DOT):

- ☐ Instant 5 Panel (Confirmation Testing Included)
- ☐ Instant 12 Panel (Confirmation Testing Included)
- ☐ Send Out 5 Panel using ExperCARE COC
- ☐ Send Out 10 Panel using ExperCARE COC
- ☐ Collection Only (company to use own paperwork/coc/instructions)
- ☐ Breath Alcohol NON-DOT

MISC:

- ☐ TB (PPD) Skin Test
- ☐ PFT
- ☐ RFT (MUST provide your own mask)
- ☐ Vaccines & Titers *Please email for more information)
- ☐ EKG
- ☐ CXR

Results should be sent

- ☐ Via Fax: _____
- ☐ Via Email: _____

*****Notate the agency and reason for testing below in the special instructions.*****

Special Notes & Instructions:

ExperCARE Staff:

Signature: _____

Date Accepted: _____

This form will serve as your approval to perform the selected procedures and tests on your employee. Please sign and date below. Please contact us if you have additional requests not shown on this list or if you have further questions or instructions. It's a pleasure to serve your occupational medicine needs.

Signature of Company Representative

Printed Name

Date