



## Mountain Medical Urgent Care

1302 NE 3rd St. ♦ Bend, OR 97701  
541-388-7799 X6 ♦ occhealth@mtmedgr.com

### Occupational Health Authorization

#### Personally Identifiable Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ Report By: \_\_\_\_\_

Company Name: \_\_\_\_\_

#### Drug Screens/Breath Alcohol

DOT

NON DOT

#### Select Federal Agency (DOT only)

- FAA
- FMCSA
- FTA
- PHMSA
- USCG

#### Select Reason (DOT & NON DOT)

- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion/Cause
- Follow up

**Breath Alcohol Test**

#### Physicals & Additional Services

- Pre Employment Physical
- DOT Physical
- Audiogram
- Spirometry
- Respiratory Mask Fit Test

- Manual Lift up to \_\_\_\_\_ lbs
- Back Evaluation
- Immunization:
- Blood Work:
- Other: \_\_\_\_\_

**Authorizing Management's Signature:** \_\_\_\_\_

*We are conducting the urine drug screen under our contractual agreement with your employer/future employer, not under your patients account, therefore you will not be able to obtain a copy of the results without permission granted from the company that you are checking in under. Your employer or potential employer has asked us to collect a urine sample to test for drug abuse. In an effort to collect and process the specimen in a legal manner, protecting all parties involved, Mountain Medical Immediate Care has developed the following procedures:*

1. It is required for you to **bring this form** with you to the clinic as well as **photo identification**. **Collection and/or testing will not be conducted without photo identification.**

2. **Since you will be asked to give a urine specimen, please make sure that your bladder is full when you come in. Please be sure to eat a well balanced meal that includes some type of protein source at least 1.5 hours prior to arriving at the clinic. Do not drink more than 8 ounces of fluid in the 4 hours prior to your test. Drinking large quantities of fluid prior to testing may invalidate the specimen and retesting will be necessary.**

3. Once you have given the staff member a urine specimen, you will assist him/her in labeling all specimen, containers. You will be provided with a copy of the Chain of Custody form for your records. Your employer will be provided with the results and/or a copy of the chain of custody form.