

Authorization For Occupational Health Services

Company Name	Employee's Name (First, Middle and Last)
Job Offered	Employee's SS#/Driver's License #
Payment Made By: <input type="checkbox"/> Patient <input type="checkbox"/> Company	Appointment Date: _____ Time: _____
Bill to: _____	
Authorized By (Printed Name)	Date
Title	Signature
	Phone Number

Please check the appropriate services below

Injury Treatment: New Injury (within 24 hours) Date: _____ Time: _____
 Old Injury (after 24 hours) Date: _____ Time: _____
 Post Injury Care and Follow-up

History of Injury: _____

Do you want post-accident testing? Yes No

Do you want to be called with results? Yes No

<p>Physical Exam</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Pre-Employment with Work Tolerance <input type="checkbox"/> Periodic/Annual <input type="checkbox"/> Return to Work <input type="checkbox"/> DOT (Federal) <input type="checkbox"/> DOT (Pennsylvania) <input type="checkbox"/> Respiratory <input type="checkbox"/> Bus Driver <input type="checkbox"/> Respiratory Mask Fit Testing (Qualitative) <input type="checkbox"/> Other: _____ 	<p>Screenings</p> <ul style="list-style-type: none"> <input type="checkbox"/> PFT <input type="checkbox"/> Audiogram <input type="checkbox"/> Vision <input type="checkbox"/> TB Gold <input type="checkbox"/> TB (PPD) <ul style="list-style-type: none"> <input type="radio"/> 1 step <input type="radio"/> 2 step <input type="checkbox"/> Chest X-ray (vs PPD) <input type="checkbox"/> Chest X-ray (B-read) <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Nicotine Screening <input type="checkbox"/> Other: _____ 	<p>Immunizations/Vaccinations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis B Series <input type="checkbox"/> Hepatitis B Titer <input type="checkbox"/> Rubella Titer <input type="checkbox"/> Rubeola Titer <input type="checkbox"/> Varicella Titer <input type="checkbox"/> Td (Tetanus, Diphtheria) <input type="checkbox"/> Tdap (Td with Pertussis included) <input type="checkbox"/> Influenza <input type="checkbox"/> Other: _____
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Drug and Alcohol Testing (Unable to complete test without a photo I.D.)

Reason for Test

- Pre-Employment
- Post-Accident
- Reasonable Suspicion
- Return-To-Duty
- Random
- Follow-up

Drug Screen

- Instant Testing**
- 5 panel
 - 10 panel
 - Other: _____

- Laboratory**
- 5 panel
 - 10 panel
 - Hair 5 panel
 - Oral 9 panel
 - DOT
 - Other: _____

Breath Alcohol

- DOT
- Non-DOT

- 5615 York Road, New Oxford, PA
- 2201 Brunswick Drive, Hanover, PA
- 2030 Thistle Hill Drive, Spring Grove, PA
- 520 Greenbriar Road, York, PA
- 233 College Ave., Suite 101, Lancaster, PA

Locations for Receiving Occupational Health Services

New Oxford

5615 York Road
New Oxford, PA
Phone: 717-624-1337
Fax: 717-646-7425

West York

520 Greenbriar Road
York, PA
Phone: 717-849-5465
Fax: 717-767-6716

Hanover

2201 Brunswick Drive, Suite 1200
Hanover, PA
Phone: 717-637-0470
Fax: 717-637-4987

Lancaster

233 College Ave., Suite 101
Lancaster, PA
Phone: 717-740-5750
Fax: 717-690-8829

Spring Grove

2030 Thistle Hill Drive, Suite 100
Spring Grove, PA
Phone: 717-225-9869
Fax: 717-646-7438

UPMC Emergency Departments

300 Highland Ave., Hanover, PA
Phone: 717-316-2000
1703 Innovation Drive, York, PA
Phone: 717-849-5730
1500 Highlands Drive, Lititz, PA
Phone: 717-625-5500

To schedule appointments for occupational health services, please call 717-633-2144 or fax 717-633-2221.
For emergent work injuries or injuries occurring after hours, please visit the closest UPMC Emergency Department.

