

## **Employer Profile**

Inspira Urgent Care Vineland

1297 West Landis Avenue Vineland, NJ 08360 (856) 507-8548 (f) (856) 507-2720

## "PROUDLY PROVIDING URGENT CARE AND OCCUPATIONAL HEALTH SERVICES."

			APPROXIMATE NUMBER OF EMPLOYEES: DAYS/HOURS OF OPERATION:							
Date:	/_		M	T	W	TH	F	S	Sun	
Employe	er:									
							ip Code:			
			>>>>>>>							
W/C Co	ntact:				Ti	tle:				
			Fax:							
			>>>>>>>>				<b>~~~~~~</b>	>>>>>>>	**************	
Injury (	Care	Protocols								
			ol Testing: 🔲 Yes 🛭	Drug Nor	n-DOT Test Type	e:				
		C.				t Only $\square$ Nor				
Email/Fa	ax Wo	rk Status Re <sub>l</sub>			_ , .,,	, _ :			,	
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Workers	s Com	pensation B	illing: ☐ Carrier/	TPA 🗆 Fi	mplover					
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Pre-hire Exams:	Occupational Health Needs:
□ Physical Exam ** □ Audiogram □ EKG □ OSHA Respiratory Questionnaire, Review Of □ Respirator Fit Testing □ Spirometry (PFT) □ Chest X-ray □ Titmus (vs. Snellen) □ Tuberculin Skin Test (TST) □ Urine Drug Screen □ Substance Testing 1. Collection ONLY □ Y (CCF provided)   □ N (Inspira is MRO) 2. Type:	□ Substance Testing  1. Collection ONLY □ Y (CCF provided) □ N (Inspira is MRO)  2. Type: □ DOT □ Non-DOT □ Instant (Rapid) □ eCup 5-Panel Instant □ mCup 11-Panel Instant □ Lab-based □ 5-Panel □ 11-Panel □ HPP Healthcare Provider Panel □ Other:
☐ DOT ☐ Non-DOT	☐ Breath Alcohol Test (BAT) ☐ DOT ☐ NON-DOT
☐ Instant (Rapid)	☐ Random Program – Annual Management Fee \$200.00
□ eCup 5-Panel Instant	
☐ mCup 11-Panel Instant	☐ On-Site Services:
☐ Lab-based ☐ 5-Panel ☐ 11-Panel	☐ Vaccinations
☐ HPP Healthcare Provider Panel ☐ Other:	☐ Substance Testing
☐ Breath Alcohol Test (BAT) ☐ DOT ☐ NON-DOT	
□ Lab Services: □ CBC □ Chem. Profile □ Lipid Profile □ Urinalysis □ Hepatitis B - Antibody □ Hepatitis B Vaccine □ Influenza Vaccine □ MMR □ Tdap  Other Exam Options: □ DOT Exam w/ Medical Card □ HAZMAT Exam  Audiogram Urinalysis  Lipid Profile Urinalysis  Chem Profile	□ Wellness Services □ Occupational Health Services: □ Audiogram □ EKG □ OSHA Respiratory Questionnaire □ Portacount Respiratory Fit Testing □ Spirometry □ Titmus Eye Exam □ Tuberculin Skin Test (TST) □ Lab Services □ Other Requests:
PFT (Spirometry) CBC OSHA Questionnaire EKG TST 2-view X-ray	
Notes:	
☐ Annual	Notes:
To Include:	
	Completed By Employer:
□ Return to Work (RTW/Post work absence) **	Received By
☐ Fit for Duty **	Inchiro

☐ Entered in Escreen ☐ Saved in Database

\*\* Physical Task Requirements Needed (Job Description)