



OCCUPATIONAL HEALTH

EMPLOYER SERVICES

APPROXIMATE NUMBER OF EMPLOYEES: _____

DAYS/HOURS OF OPERATION:

Date: ____/____/____

M____T____W____TH____F____S____Sun____

Employer: _____

Address: _____

Address: _____

City: _____ State: _____ Zip code: _____

W/C Contact: _____ Title: _____

Phone: ____-____-____ Fax: ____-____-____ Email: _____

A. Substance Testing Protocols

Post-Accident Drug Testing: ☐ Yes ☐ No ☐ DOT ☐ Non-DOT ☐ Type: _____ By Request Only ☐

Post-Accident Alcohol Testing: ☐ Yes ☐ No ☐ DOT ☐ Non-DOT ☐ Type: _____ By Request Only ☐

B. Work Status Update/Company Contracts

Email/Fax Work Status Reports/Substance Test Results To:

1. _____ Fax/Email: _____

2. _____ Fax/Email: _____

Employer Contact: _____ @ _____

Phone: ____-____-____ Fax: ____-____-____ Email: _____

C. Modified Work Policy (light duty policy) ☐ Yes ☐ No ☐ Injured employees may work with restrictions

D. Work Compensation Billing Information

Workers Compensation Billing: ☐ Carrier/TPA ☐ Employer

Carrier: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: ____-____-____ Fax: ____-____-____

** Third Party Services Co. Contact _____ Title: _____

Phone: ____-____-____ Fax: ____-____-____ Email: _____

** Requests for substance test results to outside MRO (Medical Review Officer)

E. Pre-hire Physical Exams: (Check all that apply)

- ☐ Physical Exam
- ☐ Audiogram
 - ☐ EKG
 - ☐ OSHA Respiratory
 - ☐ Respirator Fit Testing
 - ☐ Spirometry (PFT)
 - ☐ Chest X-Ray
 - ☐ Titmus (vs. Snellen)
 - ☐ Tuberculin Skin Test (TST)
 - ☐ Urine Drug Screen

☐ **Pre-Employment Substance Testing Requested**

1. Collection ONLY ☐ Y (CCF provided) ☐ N (Inspira is MRO)

2. Type:

- ☐ DOT
- ☐ Non-DOT
- ☐ Instant (Rapid)
 - ☐ eCup 5-Panel Instant
 - ☐ eCup 11-Panel Instant
 - ☐ Lab-based
 - ☐ 5-Panel
 - ☐ 11-Panel
 - ☐ HPP Healthcare Provider Panel
- ☐ Other: _____
- ☐ 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

F. Additional Exam Options

- ☐ DOT Exam W/Medical Card
- ☐ HAZMAT Exam includes:

- Audiogram - OSHA Questionnaire TST - CBC
- Urinalysis - Lipid Profile - EKG
- PFT (Spirometry) - Chem Profile - 2 view Xray

- ☐ Return to Work (RTW/Post work absence) **
- ☐ Fit for Duty **

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

Please forward to Inspira Employer Services Manager

- ☐ Annual Physical to include:

G. Substance Testing Services:

☐ Substance Testing ONLY

1. Collection ONLY ☐ Y (CCF provided) ☐ N (Inspira is MRO)

2. Type:

- ☐ DOT
- ☐ Non-DOT
- ☐ Instant (Rapid)
 - ☐ eCup 5-Panel Instant
 - ☐ eCup 11-Panel Instant
 - ☐ Lab-based
 - ☐ 5-Panel
 - ☐ 11-Panel
 - ☐ HPP Healthcare Provider Panel
- ☐ Other: _____
- ☐ Breath Alcohol Test (BAT) ☐ DOT ☐ Non-DOT
- ☐ Random Program-Annual Management fee \$300.00

☐ On-Site Services:

- ☐ Vaccinations
- _____
- ☐ Substance Testing:
- _____
- _____
- ☐ 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:

Notes to Inspira:

Employer Signature: _____

Received by Inspira: _____

Escreen: ☐ PV: ☐