



OccuMed

Employer Authorization

☐ Freeman OccuMed – Joplin
3201 McClelland Blvd. Joplin
Phone: 417-347-6625
Fax: 417-347-6695
OccuMedAdmissions@freemanhealth.com

☐ Freeman OccuMed – Carthage
1500 Case St., Carthage
Phone: 417-359-0625
Fax: 417-359-9132
CarthageOccuMed@freemanhealth.com

☐ Freeman OccuMed – Neosho
336 S. Jefferson St., Neosho
Phone: 417-451-2205
Fax: 417-455-4298

Date: _____ Company: _____

Employee Name: _____ Authorized by: _____

Date of Birth: _____ Phone: _____

Social Security Number: _____ Comments: _____

WORKERS' COMPENSATION AUTHORIZATION

Date of Injury: _____ Description of injury: _____

Has the patient received prior treatment for this injury: _____

If yes, name of medical provider: _____

CLIENT SERVICES AUTHORIZATION | PHOTO ID REQUIRED FOR TESTING

1	Test Reason	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Post accident <input type="checkbox"/> Random <input type="checkbox"/> Return to work <input type="checkbox"/> Follow-up <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Other: _____	
2	FEDERAL Testing	Type of Test: <input type="checkbox"/> Urine <input type="checkbox"/> Breath Alcohol Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG	
	NON-FEDERAL Testing	COLLECT ONLY (REQUIRES CHAIN) <input type="checkbox"/> Federal <input type="checkbox"/> Non-Federal	
		URINE (Lab Based) <input type="checkbox"/> 5 panel <input type="checkbox"/> 7 panel <input type="checkbox"/> 9 panel <input type="checkbox"/> 10 panel <input type="checkbox"/> 9 panel+narcotics	
		URINE (Express) <input type="checkbox"/> 6 panel <input type="checkbox"/> 9 panel <input type="checkbox"/> 10 panel	
2	NON-FEDERAL Testing	No Marijuana (THC): <input type="checkbox"/> 5 panel <input type="checkbox"/> 7 panel <input type="checkbox"/> 9 panel <input type="checkbox"/> 10 panel <input type="checkbox"/> 9 panel+narcotics	
		No Marijuana (THC): <input type="checkbox"/> 4 panel <input type="checkbox"/> 9 panel	
		ORAL <input type="checkbox"/> 5 panel <input type="checkbox"/> 7 panel <input type="checkbox"/> 9 panel <input type="checkbox"/> 8 panel+narcotics No Marijuana (THC): <input type="checkbox"/> 4 panel <input type="checkbox"/> 7 panel <input type="checkbox"/> 9 panel <input type="checkbox"/> 8 panel+narcotics	
3	SPECIALTY PHYSICALS	ALCOHOL <input type="checkbox"/> Breath alcohol <input type="checkbox"/> Saliva alcohol <input type="checkbox"/> Urine alcohol	
		HAIR <input type="checkbox"/> 5 panel <input type="checkbox"/> 5 panel+opiates	
		OTHER TESTING <input type="checkbox"/> Audiogram <input type="checkbox"/> Urinalysis dip (not a drug test) <input type="checkbox"/> Back screen <input type="checkbox"/> Vision <input type="checkbox"/> EKG <input type="checkbox"/> Vision—color <input type="checkbox"/> Mask fit test <input type="checkbox"/> X-ray <input type="checkbox"/> Qualitative (N95) <input type="checkbox"/> Chest <input type="checkbox"/> Quantitative (OHD) <input type="checkbox"/> Lumbar <input type="checkbox"/> PFT <input type="checkbox"/> TB skin test <input type="checkbox"/> T-Spot	
3	SPECIALTY PHYSICALS	VACCINATION/TITER <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hep A Titer Only <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hep B Titer Only <input type="checkbox"/> Influenza <input type="checkbox"/> MMR <input type="checkbox"/> Tdap <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella	
		<input type="checkbox"/> DOT Pre-employment <input type="checkbox"/> DOT Recertification	
		<input type="checkbox"/> Asbestos <input type="checkbox"/> Fit for duty <input type="checkbox"/> General physical <input type="checkbox"/> HAZWOPER <input type="checkbox"/> Lead <input type="checkbox"/> Respirator clearance (no mask fit) <input type="checkbox"/> Respiratory physical with PFT <input type="checkbox"/> Return to work (Call to schedule) <input type="checkbox"/> WorkSTEPS (Call to schedule) <input type="checkbox"/> Other _____	

ONSITE SERVICES AVAILABLE: Nearly all Freeman OccuMed services can be brought onsite to your facility. Please contact the On-site Coordinator for availability freemanonsite@freemanhealth.com.

Download this form at www.freemanhealth.com/OccuMedForm