



**SACRAMENTO OCCUPATIONAL MEDICAL GROUP**  
a Professional Corporation

**AUTHORIZATION FOR MEDICAL SERVICES**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Third Party Administer (TPA): \_\_\_\_\_

Authorized By (Please Print): \_\_\_\_\_

**For Appointments, please be prompt and bring this form along with your Photo ID.**

**PHYSICAL EXAMS**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> DOT Physical Exam           | <input type="checkbox"/> Work Related Injury Treatment | <input type="checkbox"/> HAZMAT      |
| <input type="checkbox"/> Pre-Placement Physical Exam | <input type="checkbox"/> Return To Work Physical Exam  | <input type="checkbox"/> Other _____ |

**DRUG SCREEN**

- DOT Urine Drug Screen
- Non-DOT Urine Drug Screen
- INSTANT Drug Test: (5-panel)\*

\*If inconclusive specimen will be sent to lab for further testing (additional fees will apply)

**BREATH ALCOHOL TEST**

- DOT Breath Alcohol Test
- Non-DOT Breath Alcohol Test

**For Drug Screen or Alcohol Test Please Check Reason for Test**

- Pre-Placement    Random    Reasonable Suspicion    Post-Accident    Return To Duty
- Is Observed Collection Required?    Yes    No

**COMPLIANCE SCREENING**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Respirator Clearance Exam     | <input type="checkbox"/> Agility /Fitness Test | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pulmonary Function Test (PFT) | <input type="checkbox"/> Lift Test             |                                       |
| <input type="checkbox"/> Audiogram                     | <input type="checkbox"/> TB Skin Test          |                                       |

**OTHER SERVICES**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Varicella Titer   | <input type="checkbox"/> Tetanus Vaccine   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MMR Titer   | <input type="checkbox"/> Tdap Vaccine  |                                       |
| <input type="checkbox"/> Hepatitis A Titer   | <input type="checkbox"/> Influenza Vaccine (Flu)   |                                       |
| <input type="checkbox"/> Hepatitis B Titer   | <input type="checkbox"/> Hepatitis B Vaccine   |                                       |
| <input type="checkbox"/> OSHA Labs (check all that apply)  | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> |                                       |
| <input type="checkbox"/> Lead <input type="checkbox"/> Arsenic <input type="checkbox"/> Cadmium <input type="checkbox"/> Mercury |  |                                       |

**BUSINESS HOURS:**

MON - FRI 8:00am - 5:00pm.  
No Walk-in Physical Exams after 4:00pm.  
Drug Screens until 4:00 pm

**LOCATION:**

8001 Fruitridge Rd, Suite D  
Sacramento, CA 95820  
Phone Number: (916) 387-6929  
Fax Number: (916) 387-6977

