

Frederick Health Employer Solutions - Howard 7165 Columbia Gateway Drive, Suite G, Columbia, MD 21046 Appointments: 667-200-5500, FAX: 667-200-5498

AUTHORIZATION FOR MEDICAL SERVICES

COMPANY NAME	COMPANY NAME EMPLOYEE'S NAME		
Howard County Government			
AUTHORIZED BY (SIGNATURE)	DATE SIGNED	PRINTED NAME	
TITLE	PHONE NO.		
W 1 D 1 (11)	<u> </u>		
Work-Related Injury Date of Injury:			
PHYSICAL EXAMS Check examination	on requeste	d. Please request any other testing below.	
Profile 1 (Sedentary) Profile 2 (Field/Technical) Profile 3 (Light/Manual) Profile 4 (Heavy/Manual) Profile 5A Profile 6 DOT Exam – New certification CDL DOT Exam Re-certification CDL Other:	Non-CDL		
OTHER TESTING			
Stress Test Chest X-Ray 2 View Hepatitis B Titer Respirator Fit Testing - Quantitative Lab (Specify)		Chest X-Ray B Read	
IMMUNIZATIONS/VACCINATIONS			
Hepatitis B Tetanus/TDAP TB Skin Test (PPD) Other (specify)	Hepatitis Typhoid Flu Vacci		
SUBSTANCE ABUSE TESTING (Must have photo ID) Check type of test(s) and reason for test			
TEST REQUIRED:		REASON FOR TEST:	
Urine Drug Screen w/MRO - DOT**		Pre-placement/Post Offer	
Urine Drug Screen w/MRO – Non DOT		Reasonable cause	
Urine Drug Screen - COMAR Law Enforcer	ment	Follow-up	
		Random	
Breath Alcohol Test – DOT		Post Accident	
Breath Alcohol – Non DOT		Return to Duty	
**For Federal Drug Testing, please specify Testing Authority: HHSNRCDOT - Please Specify DOT Agency: FMCSAFAAFTAPHMSA			