

MCLEOD OCCUPATIONAL HEALTH FORM

1) COMPANY INFORMATION

Company Name _____ Street Address _____
Mailing Address _____ City, State, Zip _____
Main Phone Number _____ Fax Number _____
Main Contact _____ Title _____ Phone _____ e-mail _____

Please list any other individuals who may be contacting us and who are authorized to receive information about your employee:

Name	Title	Phone
Name	Title	Phone
After Hours Contact	Title	Phone

Normal Hours of Operation _____ Product/Service _____

On-site First Aid/Emergency Capability _____

Special Instructions: _____

2) WORKER'S COMPENSATION INFORMATION

Claims Payor _____ Mailing Address _____
City, State, Zip _____ Main Phone Number _____
Contact for Authorization _____ Phone _____
Contact for Follow-Up Reports _____ Phone _____ Fax _____
Check preferred method for Follow-Up: Phone _____ Fax _____

Post Accident Drug Screen Required? Yes No (see drug screen step 7 to specify type)

Light Duty Available? Yes No

Special Instructions: _____

McLeod Occupational Health Form

5) PHYSICALS

PHYSICALS	PRE-PLACEMENT	ANNUAL
General physicals		
DOT physicals		
Hearing Test		
Vision Test		
Pulmonary Function		
Physical Agility (specify)		
Bloodwork (specify)		
Chest X-ray		
EKG		
PPD		
Tetanus		
Respiratory FIT Testing		
Hepatitis B Series		

McLeod Occupational Health Form

6) DRUG SCREENS

DRUG SCREEN REQUIREMENTS	Federal (NIDA/ DOT) 5 Drugs see note (1)	Non-Federal (NON-NIDA) 5 drugs	Non-Federal (NON-NIDA) (list drugs - see below *)	Automatic see note (2)	Breath Alcohol
Pre-employment					
Random					
Post Accident					
Reasonable Cause					
Return to Work					
Follow-up (Post Rehab)					

* Indicate names of drugs to be tested:

List Here:

Employee will bring Chain of Custody to McLeod Occ Health/Emergency Yes No

Note: If no, then McLeod will use our Chain of Custody/Labcorp and our MRO.

Authorized Contact for UDS/BAT Phone Fax Secure? Yes No

Please be aware you need to provide the form for the lab if other than Labcorp.

(1)D.O.T./CDL drivers or other D.O.T. covered employees who are obtaining a urine drug screen (UDS) for regulatory purposes must have a Federally Mandated (NIDA) UDS only.

(2) Automatic drug screens provide instant results if negative. If positive initially, specimen must be sent to lab for confirmation. Automatic drug screens can not be used for D.O.T. or government mandated tests.

Please specify additional testing/treatment requirements below:

Additional Information Provided By: