NESHOBA GENERAL

EMPLOYER AUTHORIZATION FORM

Send this form with employee to preferred Neshoba General facility

Employee Name _____ Today's Date_____

Date of Birth _____

EMPLOYER INFORMATION *(please print)*

Company Name_____ Phone #_____

Address _____ Fax# _____

Designated Employee Representative_____ Title _____

Signature of Person Authorizing Visit _____ Date_____

Email _____ Direct Phone# _____

REQUESTED SERVICES

☐ DOT Physical ☐ Pre-Employment ☐ Physical ☐ Return to Work Physical

☐ Other Services_____

☐ Treatment for Injury

Date & Time of Injury/Illness _____

Comments: _____

DRUG AND ALCOHOL TESTING (please specify reason)

REASON FOR DRUG AND ALCOHOL TESTING:

☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Observed

Alcohol Testing:

☐ Breath Alcohol Test DOT

☐ Breath Alcohol Non DOT

☐ Blood Alcohol

Drug Testing:

☐ DOT

☐ Non DOT

☐ Hair Follicle

☐ escreen eCup 5-panel

☐ escreen œCup 10-panel

☐ escreen œCup 13-panel

☐ Comments: _____

BILLING INFORMATION *(please print)*

☐ Bill Company

Company Billing Address (if different from above)_____

Company Contact Person_____ Phone# _____

☐ Bill Worker's Comp Carrier

Worker's Comp Carrier_____ Phone# _____

Address_____ Claim#_____

Adjuster Name_____ Light Duty Available? ☐ YES ☐ NO

For Internal Use Only:

☐ Results sent to Employer NGH Staff:_____ Date: _____