

Authorization Form for MMC HealthWorks

SITE: Company: _____
Phone: _____ Fax: _____
City/State: _____
Coordinator's Name: _____

EXAM: Examinee Name (print): _____ Badge#: _____

Required Exam Components: **MMC HealthWorks is to perform only the procedures checked below:**
If procedure is not listed, please write it in on the line "OTHER TESTS" at the bottom of the form.

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-Placement | <input type="checkbox"/> Return to Work Exam | <input type="checkbox"/> Exit Physical |
| <input type="checkbox"/> Annual | <input type="checkbox"/> Fit For Duty | <input type="checkbox"/> Injury |

HAZWOPER Physical:

- | | |
|---|---|
| <input type="checkbox"/> Physical Exam | Chest X-ray 1 view (Baseline and every 3 years) |
| Micro Urinalysis | Spirometry |
| Complete Blood Count | Vision (Acuity, Peripheral & Color) |
| Chem 24 (fasting at least 8 hrs) | EKG (Baseline and every 3 years) |

- | | | | |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Hearing Conservation (Audiogram) | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Thermal Stress |
|-----------------------------------|---|---|---|

Respiratory Clearance Physical:

- Physical Exam (close attention to pulmonary, cardiovascular & gastrointestinal systems)
Spirometry
Chest X-Ray PA 1-view (Dr discretion) EKG (Dr discretion)

- Respirator Fit Test** Mask Type: Ultra Twin MSA Other:
MUST BE CLEAN SHAVEN THE DAY OF FIT TEST!! Dust Mask

- DOT Physical:** (Includes snellen, whisper, and UA dip)

Drug & Alcohol Screen Collection:

Reason:

Please mark one in each column!!

- | | |
|--|---|
| <input type="checkbox"/> Non DOT Drug Screen | <input type="checkbox"/> Pre-employment |
| <input type="checkbox"/> DOT Drug Screen | <input type="checkbox"/> Random |
| <input type="checkbox"/> Breath Alcohol Test | <input type="checkbox"/> Post-Accident |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Reasonable Suspicion |
| | <input type="checkbox"/> Other: |

- Other Tests:** _____

APPOINTMENT:

Exam Date: _____ Time: _____

Facility Name and Address:

MMC HealthWorks
988 Oak Ridge Turnpike
Physicians Plaza, Suite L-50
Oak Ridge, TN 37830

Phone: (865) 835-4320
Fax: (865) 835-4328

DUTIES: Primary Job Duties: _____

Approval of ES&H Representative for Review:

Signature: _____ Date: _____