



**AUTHORIZATION FOR
OCCUPATIONAL HEALTH SERVICES**

ALL services included in account profile for respective service WILL be performed unless otherwise stated.

Company Name _____
Employee or Prospective Employee Name _____
Company representative authorizing service _____ Phone _____
Signature of authorization _____ Date _____

Occupational Care Services and Training Centers

**LIVONIA
27544 Schoolcraft
Livonia, MI 48150
Tel: 734-718-3654 Fax: 734-655-9514
Mon-Fri 8:30 am to 5:30 pm
Saturday 9am-1 pm**

COVID TESTING SERVICES:

Serum IGG & IGM Covid Rapid BD Swab Rapid Covid PCR Lab Send Out IGG Serology Lab Draw

DRUG AND ALCOHOL SCREENING:

Regulated Drug Screen Non-Regulated Drug Screen **INSTANT** Non-Regulated UDS ESCREEN E-Cup
 Collection Only Urine Drug Screen (employer must provide CCF) MUST Drug Screen
 Breath Alcohol Testing Hair Collection Nicotine Instant Screening Court Ordered ___ Panel w/Etg
 Reason for test Pre-Placement Random Reasonable Suspicion Follow-Up Return to duty

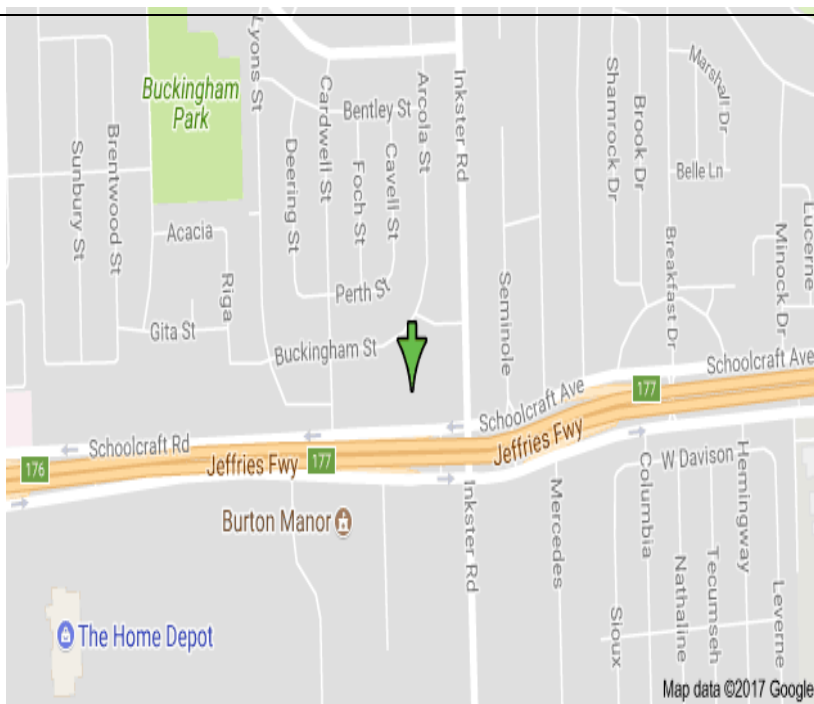
VACCINATIONS AND LABORATORY SERVICES:

PPD PPD 2 Step TDAP Hepatitis B Series Titers Urinalysis Glucose Testing
 Influenza BMI Testing

PHYSICAL EXAMINATIONS and OSHA COMPLIANT SERVICES:

Pre-Placement Exam Return to Work Exam Fit for Duty Exam DOT Exam Hazard Surveillance
 Baseline/Periodic Respirator Exam Audiogram OSHA Resp. Questionnaire Pulmonary Function Test
 Respirator Fit Test **Quantitative or Qualitative**

By signing this authorization, the said employer acknowledges full responsibility for payment for ALL services related to examinations, screening, diagnostic testing and treatment and or medications deemed necessary by the treating Physician for the authorized individual named in this form unless it is previously requested to collect payment at time of service from the individual. It is understood that services will be paid in full upon receipt of billing for all amounts due. It is also understood that the employer will be responsible for payment of all services related to injury or illness care of the employee if said case is determined work related or not, or if the claim is denied by the workers' compensation insurance carrier.



Occupational Services and Training Classes are available Onsite or at our Training Center.

ONSITE and After Hour Drug Screen Collections

CPR, FIRST AID, AED (ACLS, BLS)

Bloodborne Pathogen

DOT Drug and Alcohol

Supervisory Training

HIPAA Compliance and More!

Please contact us directly at

734-718-3654 or 734-634-7705

nicole@occupationalcareservices.com

Or visit us on the web at

www.occupationalcareservices.com



Thank you for supporting our Family and Woman owned business! Please let us know what we can do to assist you in your employee health and compliance needs!