



Authorization for Employer Services

Name of Employee:

Company Name:

Telephone Number:

Authorized by
(Print Name):

PHYSICALS

- DOT Physical
- Employment Physical

DRUG & ALCOHOL TESTING

Alcohol Screening

- DOT (Federal) Non-DOT

Drug Screen - Collection Only (required Employer's Chain of Custody Form)

- DOT (Federal) Non-DOT

Drug Screen with Lab and Medical Review

(MRO)(using ClearChoiceMD Chain of Custody)

- DOT (Federal)
- 4 Panel without Marijuana
- 5 Panel
- 7 Panel
- 10 Panel
- 10 Panel without Marijuana
- 12 Panel (Expanded Opiates)

Rapid Drug Screen (Available in NH & ME)

- 6 Panel 10 Panel

WORK RELATED INJURY or ILLNESS

LAB TESTING

- Hepatitis B Titer
- Lead and ZPP Test
- TB QuantiFERON Gold
- Blood Collection Only (requiring Employer's Lab Requisition Form)

OTHER TEST

- TB Skin Test

VACCINATIONS

- Hepatitis B
- TDAP (Tetanus, Diphtheria, Pertussis)
- Tetanus
- Influenza

COVID-19 TESTING – EMPLOYER PAID

- Rapid Antigen Active Infection Test
- PCR Active Infection Test (Lab Test)
- Antibody Test (Blood Draw)