

Authorization Form - please print

_____ gives permission for
Employer Name

_____ *Employee Name* _____ *Social Security Number*

_____ *Job Position* _____ to receive the following:

- | | |
|--|---|
| <input type="checkbox"/> Pre-Placement Physical | <input type="checkbox"/> Breath Alcohol Screen |
| <input type="checkbox"/> Bus Driver Physical | <input type="checkbox"/> Drug Screen: <input type="checkbox"/> 10-Panel <input type="checkbox"/> NIDA 5 Panel |
| <input type="checkbox"/> D.O.T Physical | <input type="checkbox"/> NIDA-Look-ALike <input type="checkbox"/> 5 Panel Quick Test |
| <input type="checkbox"/> Respiratory Fitness Physical | <input type="checkbox"/> Back Screen performed by: <input type="checkbox"/> Physician <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Return-to-Work Evaluation | <input type="checkbox"/> Audiometry Evaluation |
| <input type="checkbox"/> Fitness for Duty Evaluation | <input type="checkbox"/> Vision Evaluation |
| <input type="checkbox"/> Work-Related Injury Evaluation | <input type="checkbox"/> Spirometry Evaluation |
| <input type="checkbox"/> Post-Accident Drug Screen | <input type="checkbox"/> Immunization: Specify: _____ |
| <input type="checkbox"/> Post-Accident Breath Alcohol Screen | Other: _____ |

Authorized by:

_____ *Name* _____ *Signature*
 _____ (_____) _____ *am/pm*
Department Phone Date Time

Company will complete the required Authorization Form. Company will direct its employee to bring the completed form to Centegra at the time of the requested Service. Company understands that no Service can be provided to its employees without the completed Authorization Form.

Centegra Occupational Health- McHenry
 4309 Medical Center Drive, Suite B300 MOB
 McHenry, IL. 60050
 Ph:815-759-4224 Fax: 815-363-0136
Hours: Mon-Fri: 7am - 5pm

Huntley Immediate Care/Occupational Health
 10350 Haligus Road, Huntley, IL. 60142
 Ph. 815-759-4224 Fax. 847-802-7112
Hours: Mon-Fri: 8am - 8pm
Weekend & Holidays: 8am - 5pm

After Hours

Centegra Occupational Health - Woodstock
 3701 Doty Road
 Woodstock, IL. 60098
 Ph. 815-759-4224 Fax: 815-334-3874
Hours: Mon-Fri: 8am - 4pm

Centegra Hospital McHenry-Emergency Dept.
 4201 Medical Center Drive
 McHenry, IL 60050
 Ph: 815-344-5000, ext. 3100

Crystal Lake Immediate Care /Occupational Health
 360 Station Dr. 3rd Floor, Crystal Lake, IL. 60014
 Ph. 815-759-4224 Fax: 815-455-8044
Hours: Mon-Fri - 8am-8pm
Weekends and Holidays: 8am-5pm

Centegra Hospital Woodstock-Emergency Dept.
 Route 14 and Doty Road
 Woodstock, IL 60098
 Ph: 815-338-2500, ext. 3900

