



## State of Maryland

### Authorization for Examination or Treatment

(Employee/Applicant Must Present Photo ID at Time of Service)

Agency: \_\_\_\_\_

(List Agency or Sub-Agency to Receive Invoice)

Today's Date: \_\_\_\_\_

Appointment Date/Time/Location (if applicable):  
\_\_\_\_\_

Agency Location: \_\_\_\_\_ Authorized By: \_\_\_\_\_

Agency Phone No.: \_\_\_\_\_ Agency Fax No: \_\_\_\_\_

Employee: \_\_\_\_\_ Employee Date of Birth: \_\_\_\_\_

Please check all that apply:

Work Injury/Illness Date of Injury \_\_\_\_\_ Claim# (if available) \_\_\_\_\_

#### Physical Examination

Pre-placement     Pre-placement w/ Ergonomic Assessment     USDOT Medical Exam

Fitness for Duty/Ability to Work     Medical Surveillance

Initial Workability     Follow-up Workability     Other: \_\_\_\_\_

#### Substance Abuse Testing (must choose)

DOT (FMCSA) Regulated Drug Test     DOT Regulated Breath Alcohol Test

Non-Regulated Drug Test – 6 Panel     Non-Regulated Breath Alcohol Test

Non-Regulated Police, Sworn Officer, Public Safety Drug Test – 7 Panel

Direct Observation Required

#### Reason for Substance Abuse Testing

Pre-employment     Reasonable Suspicion     Post-accident     Random

Follow-up     Return to Duty     Other \_\_\_\_\_

#### Psychological Services

**\*\*Please Provide Employee/Applicant Phone # and Zip Code -AND- DAC's Email Address\*\***

Psychological Testing (Psych Eval)     SAP     Critical Incident Management

#### Other Services

Respirator Fit Test     Audiogram     PPD     Pulmonary Function Test     EKG

Chest X-ray     Vaccinations: \_\_\_\_\_  Chromium

Other: \_\_\_\_\_

Special instructions/comments \_\_\_\_\_