



State of Maryland

Authorization for Examination or Treatment

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

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

(List Agency or Sub-Agency to Receive Invoice)

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

Agency Phone No.: \_\_\_\_\_ Agency email: \_\_\_\_\_

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

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

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

Please check all that apply:

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

Physical Examination: Pre-placement Pre-placement w/Ergonomic Assessment USDOT Exam

Fitness for Duty Exams: (In Person) Return to Work Job Performance LEO Shaving Profile

Medication Review Shy Bladder Eval Biennial Mental Health Wellness Evaluation

Fitness for Duty Exams: (Virtual - Performed by SMD Office - By appointment only)

LEO Shaving Profile Medication Review Biennial Mental Health Wellness Evaluation

Medical Surveillance: Baseline Annual/Periodic OSHA Respirator: Questionnaire/Exam

Workability Exams: Initial Workability Follow-up Workability Follow-up Workability (Virtual)

Substance Abuse Testing (must choose) Direct Observation Required

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

Reason for Substance Abuse Testing

Pre-employment Reasonable Suspicion Post-accident Random Follow-up Return to Duty

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

Psychological Services: Standard Psychological Testing (Provide Employee/Applicant Phone #, Zip Code, Job Title)

Neuropsychological Substance Abuse Program (SAP) Services Critical Incident Management

Other Services

Respirator Fit Test Audiogram Pulmonary Function Test Chest X-ray EKG

CBC Chem Profile Lipids QuantiFERON Gold Chromium Hep B Antibody Quantitative

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