



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: _____