



**WORKPRO**  
OCCUPATIONAL HEALTH

**PIVOT**  
OCCUPATIONAL HEALTH



**OCCUPATIONAL  
MEDICAL SERVICES**  
Your Partner in Employee Health

## State of Maryland

### Authorization for Examination or Treatment

(Patient 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     DOT- Regulated (Recert ONLY)

Fitness for Duty/Ability to Work     Medical Surveillance     FAA - MDOT

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

#### Substance Abuse Testing

DOT - Regulated Drug Test     Non-regulated Drug Test (*a.k.a. MDOT Drug Test*)

DOT - Regulated Alcohol (Breath)     Non-regulated Alcohol Test (Saliva) (*a.k.a. MDOT Alcohol Test*)

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

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

For WORKPRO and PIVOT Occupational Health locations and hours, visit [www.PivotOccHealth.com](http://www.PivotOccHealth.com)