



ST. VINCENT CHARITY
MEDICAL CENTER
OCCUPATIONAL HEALTH

A Ministry of the Sisters of Charity Health System

Authorization Form

Employee/Candidate Name (Last, First): _____

Company: _____

Test/Exam must be completed by: _____

Authorized by: _____ Phone: _____

LIFE OR LIMB THREATENING INJURIES — GO DIRECTLY TO THE EMERGENCY DEPARTMENT

INJURY CARE/EXPOSURE

Post injury drug screen Post injury BAT

Please indicate if testing is:

Federal/DOT Non Federal

EXAM

New hire Existing employee

If applicable, indicate type of exam:

- DOT OSHA surveillance Wear a respirator
- Return to work T-8 Bus or Van driver
- Fit for duty (appointment required)

SUBSTANCE TESTING

Urine drug screen Breath alcohol test Hair Follicle Test Federal/DOT Non Federal Instant

5 Panel 9 Panel 10 Panel Nicotine

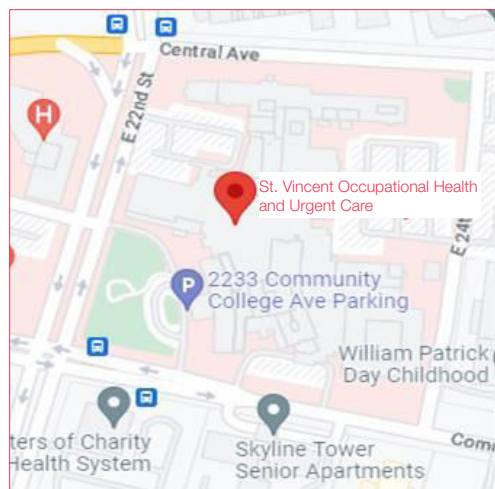
Reason for test: Pre Placement Random Accident/Injury Cause/Suspicion Return to work Follow up EAP

MISC.

TB Test 1 or 2 T-spot Hepatitis Chest X-Ray Audiogram Influenza Vaccine

COVID-19 SWAB (if checked please notate reason) Reason for test: _____

Other: _____



Downtown

St. Vincent Occupational Health/Urgent Care

2351 E. 22nd Street

Cleveland, OH 44115

P: 216.363.2691 Ext 1; F: 216.241.5814

Monday-Friday 8 a.m. to 5 p.m.

Enter through Occupational Medicine/Urgent Care located on Community College Avenue