



Exceptional Medicine.
Extraordinary Care.

MERCY OCCUPATIONAL HEALTH

www.MercyOccupationalHealth.org

Mercy Medical Plaza
540 E Jefferson Street, Suite 205
Iowa City, IA 52245
(319) 339-3921
Fax (319) 339-3858
Toll Free (800) 637-2942 x 3921

Muscatine Medical Center
2104 Cedarwood Drive, Suite 102
Muscatine, IA 52761
(563) 263-3921
Fax (563) 264-2525
Toll Free (877) 863-3921

Employer Request for Evaluation and Treatment

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Employee/Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

[ ] Initial care for possible work related injury/illness Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_
Description of Injury/Illness \_\_\_\_\_

\*\*\*\*I authorize Mercy Occupational Health to evaluate and initiate treatment of the above-named employee. I understand that my company is responsible for payment of the initial visit to help determine continuing responsibility for care. Should this claim be determined "not work-related," I will notify the employee so that alternate medical care can be obtained and notify Mercy Occupational Health that continuing treatment is not authorized by the company.

Authorized Company Representative \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drug and Alcohol Testing

PHOTO ID REQUIRED - In the event that your employee presents to Mercy Occupational Health without a valid government or employer issued photo ID, you will be contacted and asked to send a Supervisor or Human Resource representative, whom also must have a valid photo ID, to verify the identity of your employee.

- [ ] Urine Drug Screen Collection
[ ] DOT (FTA, FAA, FRA, USCG) 5 panel standard test
[ ] Post Accident/Incident
[ ] Pre-Employment/Post-Hire
[ ] Random
[ ] Reasonable Suspicion
[ ] Follow-up
[ ] Return to Work
[ ] Breath Alcohol Screening
[ ] Non DOT
[ ] Standard test (lab results)
[ ] Rapid test (instant non-negative results)
[ ] 5/6 panel
[ ] 9/10 panel

Employer/OSHA Required Evaluations

- [ ] Pre-Employment/Post-Hire Physical
[ ] DOT Medical Exam - [ ] Initial [ ] Re-Certification [ ] Re-Evaluate for Condition
[ ] Periodic/Surveillance Exam [ ] Asbestos [ ] Lead Testing [ ] Cadmium [ ] Heavy Metals [ ] Haz-Mat [ ] Other \_\_\_\_\_
[ ] Return to Work Exam
[ ] Fit for Duty Exam
[ ] Independent Medical Evaluation
[ ] Other (please specify) \_\_\_\_\_

Please specify additional testing below:

- [ ] Audiogram [ ] Urine Dip [ ] Tetanus [ ] Blood Draw for Laboratory: \_\_\_\_\_
[ ] Pulmonary Function Test (PFT) [ ] PPD - TB Test [ ] Hepatitis B \_\_\_\_\_
[ ] Respirator Fit Testing [ ] Snellen Vision [ ] Hepatitis A \_\_\_\_\_
[ ] Lift Evaluation [ ] Color Vision [ ] Rubella \_\_\_\_\_
[ ] EKG [ ] Titmus Vision [ ] Chest X-ray [ ] Other \_\_\_\_\_

I authorize Mercy Occupational Health to perform testing as indicated above.

Authorized Company Representative \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_