



**Nevada
Occupational**
Health Center

Authorization for Examination or Treatment

Patient Must Present Photo ID at Time of Service

All services will be conducted in accordance with your company's existing protocols on file at Nevada Occupational Health Center unless otherwise specified. Company specific forms must be presented at time of service or our standard forms will be utilized. See our website for more information and printable forms at www.NvOHC.com.

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Work Injury:

Date of Injury: _____

Substance Abuse Testing Only

___ Regulated ___ Non-Regulated

___ Urine ___ Breath Alcohol

___ Hair Collect

Type of substance abuse testing

___ Pre-placement ___ Reasonable Cause

___ Post Accident ___ Random

___ Return to Duty/Follow-up

Special Instructions: _____

Authorized by: _____

Signature: _____

Title: _____ Date: _____

Phone: (____) _____

Physical Examination:

___ Pre-placement

___ Annual

___ **DOT Physical Examination**

___ Other _____

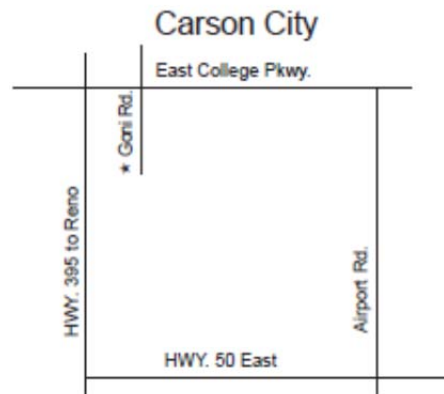
Special Examination

___ Respirator Medical Clearance

___ Respiration Fit Test

___ Audiogram

___ Other _____



Big Rig Parking on Goni Road

___ **Employee to pay charges**