CORPORATE CARE
OCCUPATIONAL MEDICINE

www.corporatecareclinic.com

1614 N Baldwin Ave Marion, IN 46952
Phone-(765) 387-4372 Fax-(765) 387-4372

Patient Name ______________________________ Date _______________

Company ____

Treatment Authorized by:

Print _________________________ Signature _________________________

☐ Patient Pay ☐ Company Pay

TREATMENT REQUEST

☐ DOT Physical ☐ Pre-Placement Physical

☐ Respirator Approval ☐ Respirator Fit Testing ☐ PFT

☐ W/C Initial ☐ W/C Follow Up ☐ Audiogram

☐ Hep B Vaccine ☐ Tetanus ☐ TB/Mantoux

DRUG AND ALCOHOL TEST

☐ OBSERVE ☐ DO NOT OBSERVE

☐ DOT Drug Test ☐ Saliva Alcohol Test ☐ Breath Alcohol Test

☐ Urine Collection Only ☐ Hair Collection Only ☐ Oral Drug Screen

☐ Rapid Drug Screening (choose panel below)

☐ 5 Panel ☐ 6 - 10 Panel

REASON FOR TEST

☐ Post-Accident ☐ Reasonable Cause ☐ Return to Duty

☐ Random ☐ Pre-Placement

Picture ID Required
For Drug Test

Map on Reverse Side

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