



# ODYSSEY

## OCCUPATIONAL HEALTH

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### Occupational Health Referral Form

**!** Please fax or email this form to Odyssey prior to scheduled appointment. **!**

Company Name: \_\_\_\_\_ DER: \_\_\_\_\_  
Authorizing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Email: \_\_\_\_\_ Appt Date/Time: \_\_\_\_\_:\_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **!** MUST BRING PHOTO ID! **!**

Please check all services to be performed:

#### Exams

- General physical exam
- DOT physical
- USCG physical
- Crane Operator physical
- Silica Baseline physical
- HAZWOPER physical
- Functional Capacity level 1
- Functional Capacity level 2
- Functional Capacity level 3
- Functional Capacity level 4

#### Ancillary Tests

- Spirometry
- Respirator Clearance
- Respirator Fit Test  
\_\_\_ full \_\_\_ half \_\_\_ both  
Brand(s) \_\_\_\_\_
- EKG with interpretation
- Audiogram
- Comprehensive visual acuity
- 1 view chest x-ray
- 2 view chest x-ray
- Lumbar spine x-ray (2 view)

#### Immunizations

- Hepatitis A
- Hepatitis B
- Tetanus/Diphtheria/Pertussis
- Influenza
- PPD TB test

#### Labs

- Urinalysis
- Venipuncture
- Complete metabolic panel
- Lipid panel
- Complete blood count w/ diff
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV 1 and 2
- Blood typing
- Serum lead
- Serum Benzene
- Hemoglobin A1C
- QuantiFERON Gold TB
- TSH
- PSA

#### Drug & Alcohol

- DOT urine
- Non-DOT urine
- Insta-cup urine
- DOT oral swab
- Non-DOT oral swab
- DOT hair follicle
- Non-DOT hair follicle
- DOT breath alcohol
- Non-DOT breath alcohol

Reason for testing:  
 \_\_\_ pre-employment  
 \_\_\_ random  
 \_\_\_ reasonable suspicion  
 \_\_\_ post-accident  
 \_\_\_ follow-up

Other or Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorizing Contact signature: \_\_\_\_\_ Date: \_\_\_\_\_