



Carolinas HealthCare System Blue Ridge

Corporate Health

Authorization for Treatment

Employee Name: _____
Company Name: McDowell County
Company Address: 60 East Court St, Marion, NC 28752
Company Contact Person: Steffonza McIntyre Contact Phone: (828) 652-7121 Ext. 1307

Physical Examinations

Physical Examinations

- post offer
- annual
- respiratory clearance
- asbestos

DOT Physical Examinations

- pre-employment
 - bi-annual
 - Other, explain
- _____
- _____
- _____

Drug Screen Collections/Breath Alcohol Screenings

Drug screen collections

- | | | |
|--------------------------------------|---------------------------|-------------------------------|
| <input type="radio"/> pre-employment | <input type="radio"/> DOT | <input type="radio"/> non-DOT |
| <input type="radio"/> random | <input type="radio"/> DOT | <input type="radio"/> non-DOT |
| <input type="radio"/> post-accident | <input type="radio"/> DOT | <input type="radio"/> non-DOT |
| <input type="radio"/> just cause | <input type="radio"/> DOT | <input type="radio"/> non-DOT |
| Breath alcohol | <input type="radio"/> DOT | <input type="radio"/> non-DOT |
| Blood alcohol | <input type="radio"/> DOT | <input type="radio"/> non-DOT |

Drug Screening Test Company: _____

(All breath alcohol is done using DOT guidelines. _____ :
This information is necessary to know if the employee
is a driver or non driver)

Panel Drug Screen:
 5 panel 9 panel 10 panel

Workers' Compensation

Injury Treatment: _____ Date of Injury _____

Other Comments or Instructions: _____ Modified Duty Restrictions: _____

Other Services

- Audiometry
- Spirometry
- EKG
- Flu

- Hepatitis Shots
- Lab tests: _____
- PPD
- Other, explain: _____

Other comments or instructions:

