

**AUTHORIZATION TO CONDUCT CORPORATE SERVICES**  
**EMPLOYEE MUST PRESENT WITH VALID GOVERNMENT PICTURE I.D.**

**Please provide authorization form to employee or fax to OccMed Department @ 325-695-0111. You may use your company authorization form in place of this form.**

DATE OF AUTHORIZATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHONE CONTACT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DATE SERVICES MUST BE COMPLETED BY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Clinic Information:**

**SpineAbilene Occupational Medicine**

1888 Antilley Rd. Abilene, TX 79606

[Closed Holidays / Weekends]

[www.spineabilene.com](http://www.spineabilene.com)

**Drug & Alcohol Screening Hours:**

Hours: Mon-Fri 7:30am – 5:30pm [Walk-Ins Welcome]

**Corporate Physicals:**

Please call for an appointment [325-795-1888 ext. 125 or dial “0” for immediate assistance – we will book you into the Clinic either the same day or next business day.

Hours: Mon – Fri 8:00am – 5:00pm

**Occupational Medicine Physician:**

Dr. Richard D. Trifilo, M.D., M.P.H.



**For Appointments Call:  
 325-795-1888 Ext. 130 [OccMed] or dial “0” for  
 Immediate Assistance**

**To Clinic:**

**You are authorized to perform the following services:**

**TYPE OF DRUG/ALCOHOL TEST**

- E-SCREEN
- Rapid Urine Drug Screen
- Urine Drug Screen [SA Lab]
- NON-DOT  DOT
- Urine Drug Screen Collection Only [Please send employee with CCF]
- Breath Alcohol
- NON-DOT  DOT
- Hair Collection [Please send employee with CCF]
- Hair Collection [Use SA OccMed Designated Lab]
- Other: \_\_\_\_\_

**TYPE OF PHYSICAL**

- DOT PHYSICAL
- Annual /Re-Cert  Baseline
- NON DOT Physical
- Annual /Re-Cert  Baseline
- Respiratory Physical
- Annual /Re-Cert  Baseline
- Return To Work [Requires Job Description]
- Other: \_\_\_\_\_

**COMPONENTS TO BE CONDUCTED**

- Basic Vision [Snellen with & without glasses]
- Expanded Vision [Snellen, Depth, Color, and Horizontal]
- Pulmonary Function Test
- Resting EKG
- Audiogram
- Physical Demands Assessment [HPE]
- Other: \_\_\_\_\_

**REASON FOR TEST**

- Pre-Employment/Baseline
- Random
- Reasonable Suspicion
- Post Accident
- Other: \_\_\_\_\_

\_\_\_\_\_  
**Authorized Supervisors Signature**

\_\_\_\_\_  
**Date**