

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

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