



# Advocate Occupational Health

## Authorization for Treatment or Exam

1502 S. Elmhurst Rd

Elk Grove Village, IL 60007

Phone 847-228-0515 Fax 847-228-8371

### Client Information

Date \_\_\_/\_\_\_/\_\_\_

Employee Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Company Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Please attach job description or fill out back of form for injuries and physicals to help us with job placement recommendations.*

### Type of Service Requested

Treatment of work related injury: Describe: \_\_\_\_\_

Initial evaluation and treatment

Date of injury \_\_\_/\_\_\_/\_\_\_ Time of injury \_\_\_\_\_

Follow-up treatment

Physical examination

Post Offer (pre-employment)

DOT

Respirator

Recertification / Annual / Biennial

Return to work evaluation

Medical surveillance exam

Type of exposure \_\_\_\_\_

Physical testing

Audiometry

Vision

Spirometry

Other Service or Testing

\_\_\_\_\_

### Drug or alcohol testing

NON - DOT Drug Screen

Pre-employment

Random

Post Accident

DOT Drug Screen

Pre-employment

Random

Post Accident

Breath Alcohol Test

Pre-employment

Random

Post Accident

### Immunization

Hepatitis B

Tetanus

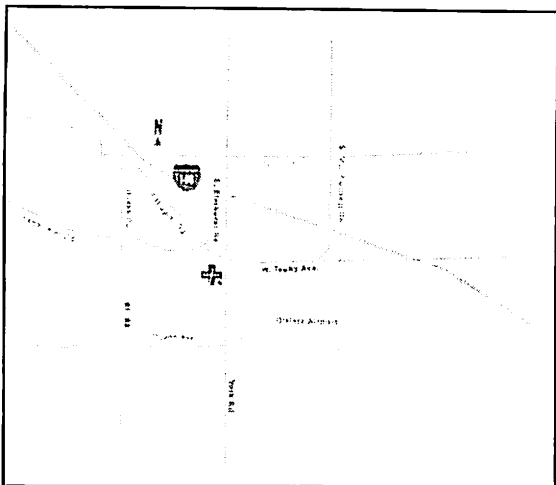
Other \_\_\_\_\_

### Authorized Signature \_\_\_\_\_

This is to acknowledge that Advocate Occupational Health Centers have my authorization to release any information pertaining to this work related injury, illness, or physical exam to my employer, prospective employer, insurance company, and any medical provider involved in the diagnosis or treatment of this injury, illness, or physical examination.

### Employee Signature \_\_\_\_\_

AMG-OccHealth-ElkGroveVillage@advocatehealth.com



**Physical Requirements of the Job**  
*Check only those that are applicable*

Name \_\_\_\_\_ Hrs/day \_\_\_\_\_ Days/wk \_\_\_\_\_

- Maximum lift \_\_\_\_\_ lbs
- Frequency of lift
- Bending
- Sitting
- Squatting/kneeling
- Standing/walking
- Work at heights (climbing)
- Work above shoulder level
- Hazardous machines
- Driving company vehicles
- Tight gripping
- Pinch gripping
- Respirator use
- Repetitive motion - type? \_\_\_\_\_

**CODES**  
**N** = none  
**R** = rare (< 10%)  
**O** = occasional (10- 33%)  
**F** = frequency (33 - 66%)  
**C** = constant (> 66%)

Special work considerations (high places, temperature, hazardous materials, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_