



Woodlake

OCCUPATIONAL HEALTH

EMPLOYER'S AUTHORIZATION FORM FOR WOODLAKE OCCUPATIONAL HEALTH

Name: _____ DOB: _____
LAST FIRST MM/DD/YYYY

Date of Injury: _____ Date of Authorization: _____

Company Name: _____ Company Location: _____

Authorizes By: _____ Title: _____

Phone #: _____

Work-related Injury

After hours, proceed directly to your nearest emergency department.

Substance Abuse Testing

- Rapid Drug Screen
- Non-Regulated 5 Panel Drug Screen
- Non-Regulated 10 Panel Screen
- DOT Regulated Drug Screen
- Hair Collection Drug Test
- Breath Alcohol Test

Evaluations

Job Title: _____

- Physical Exam
- Audiogram
- Lift Assessment
- Return to Work Physical
- Respirator Clearance
- Respirator Fit Test
- Hazmat
- Asbestos

Reason for Testing

- Pre-Placement
- Random
- Reasonable Suspicion
- Post-Accident
- Follow Up

DOT Physical

- Pre-Placement
- Recertification

Immunizations / Titers

- Hepatitis B
- TDAP
- _____
- _____
- _____

Other

***Patient MUST present photo ID at time of service.**



Woodlake

OCCUPATIONAL HEALTH

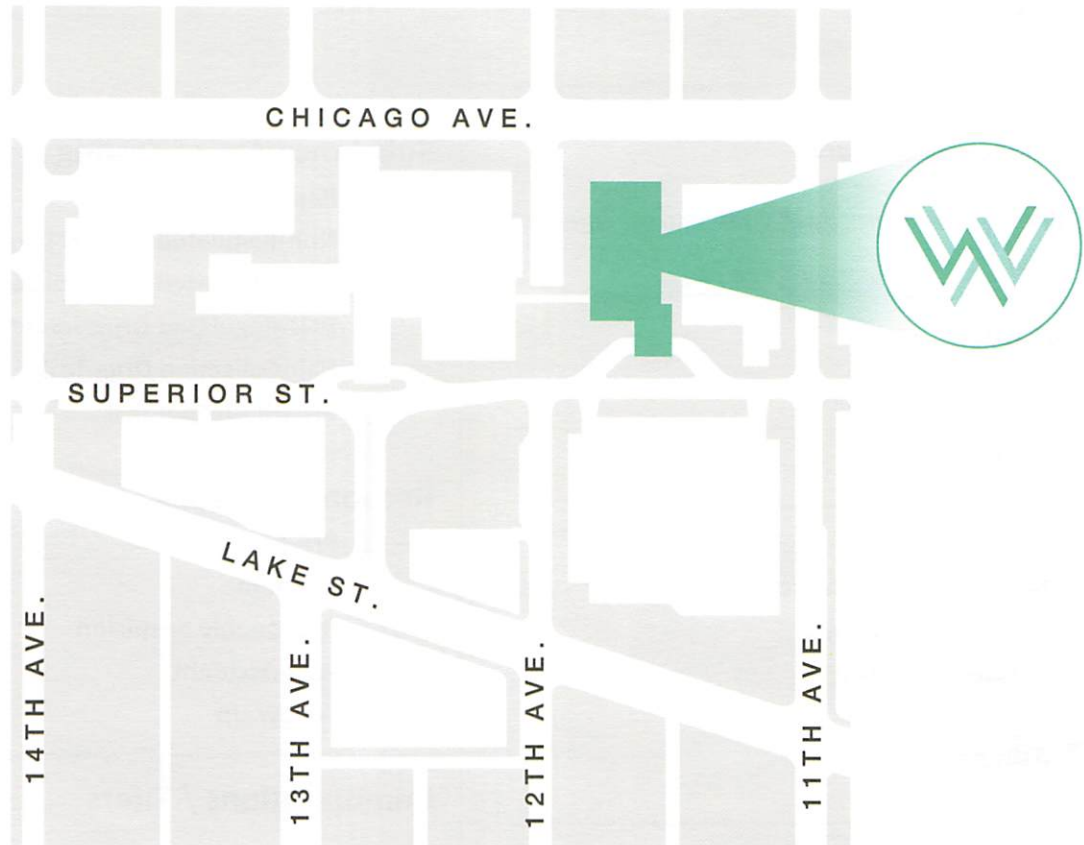
Woodlake Occupational Health

1111 Superior St. - Suite #506

Melrose Park, IL 60160

Phone: 708-919-9900 | Fax 708-919-9901

Hours of Operation: Monday–Friday 7AM-7PM





Woodlake

OCCUPATIONAL HEALTH



We evaluate and treat all work-related injuries with expert care and compassion. For all life-threatening emergencies, please call 911 immediately.

Hours of operation: Monday-Friday 7AM-7PM.

If you need immediate medical attention outside of our normal business hours, please call 911.

For more information, please call 708-919-9900.

Woodlake Occupational Health

1111 Superior St. - Suite #506

Melrose Park, IL 60160

Phone: 708-919-9900 | Fax 708-919-9901

