

Insert Company Name \_\_\_\_\_

Arrival Day/Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Phone: \_\_\_\_\_

Department / Purchase Order Number (if applicable): \_\_\_\_\_

Job Title: \_\_\_\_\_

**DRUG SCREEN**

Specimen Type

- Urine
- Hair
- Blood
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Type of Test

- Non DOT Collection
- DOT Collection
- Inhouse Drug Screen
- DOT Breath Alcohol
- Non DOT Breath Alcohol

Reason for Test

- Post Offer / Pre Employ
- Random
- Post Accident
- Pre Access
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Note: \_\_\_\_\_

**PHYSICAL / PROCEDURES**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> DOT Physical                              | <input type="checkbox"/> Chest Xray              | <input type="checkbox"/> TB Skin Test    | <input type="checkbox"/> Vaccinations       |
| <input type="checkbox"/> Non DOT / Gen. Physical                   | <input type="checkbox"/> Lumbar Xray (Back)      | <input type="checkbox"/> H2S Clearance   | Travel To: _____                            |
| <input type="checkbox"/> Merchant Marine /<br>Coast Guard Physical | <input type="checkbox"/> Other: _____            | <input type="checkbox"/> Functional Test | <input type="checkbox"/> Health Card# _____ |
| <input type="checkbox"/> Respirator Exam                           | <input type="checkbox"/> Audiogram               | <input type="checkbox"/> Vision Only     | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Other: _____                              | <input type="checkbox"/> Pulmonary Function Test | <input type="checkbox"/> Labwork _____   | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Other: _____                              | <input type="checkbox"/> EKG                     | <input type="checkbox"/> Other: _____    | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Other: _____                              | <input type="checkbox"/> Other: _____            | <input type="checkbox"/> Other: _____    |   |

Note: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Stafford HealthCare Clinics**

is located on Ambassador Caffery Blvd.  
 between Congress Street and Ridge Road.

We are across the street from Sam's and Checkers.

Clinic hours are Monday through Friday 8:00am until 4:00pm.

**All individuals must arrive and sign in by 3:00 pm.**  
**You Must Have A Picture ID With You**

Occupational Medicine phone number is 337-984-1346  
 SEDA (Drug Testing) phone number is 337-983-0208

