



KEY ADVANTAGE HOME CARE LLC AUTHORIZATION TO TREAT:

Patient name _____ Date (valid for 48 hours) _____

Employer _____ Location _____ Employer phone _____

Job classification _____

Is patient employed by a temporary agency? No Yes If yes, name of agency _____

Treatment/Examination authorized by (*print*) _____

If appointment scheduled: Date _____ Time _____

SPECTRUM HEALTH USE ONLY	
<input type="checkbox"/> Authorization per phone	
Staff initials _____	
Comment _____	

REFERRAL FOR (check)

Injury/Illness

- Treatment for an alleged work related injury or illness
- Drug Screen with initial injury visit E.B.T. (Evidential Breath Test) Other _____

Physical Exam

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-placement/Post-offer exam | <input type="checkbox"/> TB test | <input type="checkbox"/> Titmus vision test |
| <input type="checkbox"/> DOT examination | • Hep B series | <input type="checkbox"/> Lift test |
| <input type="checkbox"/> New <input type="checkbox"/> Recertification | <input type="checkbox"/> 1st | <input type="checkbox"/> Audio |
| <input type="checkbox"/> Medical Surveillance/Hazmat Exam | <input type="checkbox"/> 2nd | <input type="checkbox"/> Blood work |
| <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Exit | <input type="checkbox"/> 3rd | <input type="checkbox"/> Titer _____ |
| <input type="checkbox"/> Return to Work | <input type="checkbox"/> Comprehensive back exam | <input type="checkbox"/> Other/Provider preference |
| *Include work status letter from treating physician | <input type="checkbox"/> Respiratory certification | |
| | <input type="checkbox"/> Hand/Wrist exam | |

Drug/Alcohol Tests (check all that apply)

- Drug Test
 - 5 panel 7 panel 10 panel 10+ panel with expanded opiates
- Hair test DOT Non DOT Collection only - hair
- eScreen Collection only - urine E.B.T. (Evidential Breath Test)

Reason (check one)

- Pre-employment Post accident Reasonable cause
- Random Return to duty Follow-up Testing

INSTRUCTIONS FOR APPLICANTS

Picture IDENTIFICATION is required.

DRUG TEST- If you are required to give a urine specimen for a drug test as part of a physical examination DO NOT URINATE just prior to arriving.

TB SKIN TEST- Notify the Jefferson County Central Health Center staff prior to the test if you have ever had a positive skin test. If you receive a TB skin test, you MUST return to the Jefferson County Central Health Center location after 48 hours but before 72 hours to have this test read.

Children are not allowed in the clinical area due to the procedures being performed. If you must bring a child, please bring an adult to supervise. *Please take this form to Jefferson County Central Health Center located at 1400 6th Ave S, Bham AL 35233 (205) 933-9110 This center does testing Mon-Fri (EXCEPT THURSDAYS) 7:45am- 3:00pm
--