

MedWork

Occupational Health Care

Date: _____

Employee Name: _____ Company: _____

Company Contact: _____ Phone: _____

Please check the services needed:

Injury Treatment

Do you have a light duty program?
 Yes No

Post-Accident Testing Required
 Drug Screen
 Breath Alcohol Testing

Physicals

Post-Offer Physical
 DOT Physical
 Respirator Exam (includes PFT)
 Return-to-Work
 Bus/Van Driver (T-8)
 Independent Medical Exam
 ADA Lifting Evaluation ___lbs. required
 Fitness-for-Duty/Reasonable Suspicion

Drug/Alcohol Testing

Test

DOT Urine Drug Screen
 Non-DOT Urine Drug Screen (DFWP)
 ___ 5-Panel ___ 10-Panel
 Quick Screen
 Collection Only
 ___ DOT ___ Non-DOT
 Breath Alcohol Test

Reason for screening

Post-Offer
 Random
 Reasonable Suspicion
 Return-to-Work
 Other: _____

Testing

Audiogram
 Vision Screen
 Pulmonary Function Test
 TB Skin Test
 Hepatitis B Vaccine/Titer
 Other: _____

Other Services/Additional Instructions: _____

Main Office
1435 Cincinnati St.
Dayton, OH 45417
(937) 449-0800
Fax: (937) 449-0801



North Office
10871 Engle Rd.
Vandalia, OH 45377
(937) 264-0400
Fax: (937) 264-0403



Hours:
Monday - Friday
7:30 am - 5:00 pm

Scheduling:
Phone: (937) 449-0808

Website:
www.medworkohio.com