

MED 7

atWork!®

Occupational Health Care Services

**9AM - 9PM
EVERY DAY OF
THE YEAR**

Four Locations to Serve You:

(See map on reverse)

CARMICHAEL CENTER	916-488-MED7
ROSEVILLE CENTER	916-772-MED7
FOLSOM CENTER	916-920-MED7
NORTH NATOMAS CENTER	916-447-MED7 (6337)

TREATMENT AUTHORIZATION

EMPLOYEE NAME: _____ DATE: _____

EMPLOYER: _____

AUTHORIZED BY: _____ PHONE: _____

WORKER'S COMPENSATION SERVICES

Treat related injury/illness

Type of Injury: _____

Date of Injury: _____

Comments: _____

DRUG SCREEN (Type)

- Pre-emp Random Reasonable Suspicion
- Post-Accident Other _____

Check One

- Non-DOT Drug Screen with Express Test
- Non-DOT Drug Screen - Collection Only
- DOT Drug Screen
- BAT (Breath Alcohol Test)

PHYSICAL EXAM

- Basic
- DMV (DOT)

TB TESTING

- PPD
- Chest X-rays (2 views)

MISCELLANEOUS

- Spirometry Test Baseline Audiology
- Hep B Vaccine Series Tetanus Immunization
- Other _____

Comments: _____

