

Date:	
Valid for	hours
Time In	: AM PM
Time Out	: AM PM



EMPLOYER'S AUTHORIZATION FOR EXAMINATION AND TREATMENT

Must Present Photo ID at Time of Service • Clinic Locations and Contact Information on Back

Company Name _____	Patient Name _____	<input type="checkbox"/> Bill Company <input type="checkbox"/> Employee pays at time of service
Authorized: Signature _____	Patient Address _____	<input type="checkbox"/> Bill Workers' Compensation Carrier
Authorized: Print _____	Patient Phone _____	Carrier _____
Employer Phone _____	Patient DOB _____ SS# _____	Policy # _____
Employer Fax _____	Staffing Agency _____	Address _____
		Address _____ Phone _____

INJURY TREATMENT/EVALUATION	
INJURY	<input type="checkbox"/> Treatment of work-related injury or illness _____ Date of Injury _____
	What is the type/area of injury or illness: _____ Time of Injury _____ AM PM
	<input type="checkbox"/> Drug Screen with initial visit _____ <input type="checkbox"/> Breath Alcohol Test with initial visit _____
PHYSICAL EXAMINS	
NON-DOT PROCEDURES	DOT PROCEDURES
PHYSICAL EXAMINATION	PHYSICAL EXAMINATION
<input type="checkbox"/> Post Offer/Pre-employment <input type="checkbox"/> Return to work <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Other	<input type="checkbox"/> Asbestos <input type="checkbox"/> Basic <input type="checkbox"/> Annual <input type="checkbox"/> Exit <input type="checkbox"/> Hazmat <input type="checkbox"/> Basic <input type="checkbox"/> Annual <input type="checkbox"/> Exit <input type="checkbox"/> Respirator <input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up

COMPANY INSTRUCTIONS	Other Testing and/or Company Specific Instructions: _____
	MICHIGAN URGENT CARE INSTRUCTIONS: Please arrive no later than 30 minutes prior to close. PHYSICAL EXAM: Please bring your glasses or contacts. Do not urinate prior to arrival. DRUG SCREENING: Do not urinate prior to arrival. PULMONARY FUNCTION: Do not eat, use an inhaler, or smoke one hour prior to arrival

RELEASE OF INFORMATION: This signed authorization guarantees payment for services requested on this and medical services necessary for proper treatment of injuries and illnesses. This release is also intended to certify that I (the Patient) give Business Health Solutions, or an affiliated clinic, authorization to release all information regarding this examination, testing results or treatment to my employer, prospective employer or employer's insurer.

Employee/Patient Signature: _____ Date: _____ / _____ / _____

In Case of Injury

PLEASE CONTACT YOUR SUPERVISOR AND PROCEED TO:



Extended Hours.
More Experience.
Quality Care.
Open 365 days...Even on holidays.

MichiganUrgentCare.com

The Michigan Urgent Care and Occupational Health family of clinics located throughout Southeast Michigan is dedicated to the treatment of adult and pediatric injury and illness, and is a leading provider of occupational health services.

