



1236 Brooks St.
Ontario, CA 91765

Employer Authorization form for services

- Employer name:
- Employer address:
- Employer phone number:
- Fax number:
- Email address:
- This service Authorized By:

Physical exams:

- Pre employment/ preplacement
- Return to work
- Annual- Periodic
- Hazardous
- Fit for Duty
- DOT
- Physical ability test
- Other

Tests, X-rays, vaccines and Labs:

- Drug tests: Non DOT DOT please specify the agency
- Reason for the test: Pre-Employment Random Reasonable Suspicious Return to Duty Follow-up Post Accident others
- Alcohol Test DOT Non DOT
- X-ray: Chest Xray Back Xray other.....
- Vaccines: Tetanus Tdap MMR Varicella Hep B Hep A Flu Other
- Labs: CBC Chemistry Lead Hg UA Antibody titers Others..... send us the job descriptions
- Hearing test Vision test fitting test pulmonary function test lifting test

