



7501 West 15th Avenue □ Gary, IN 46406
Ph 219-977-2090 □ Fax 219-977-2091
www.compcareonline.com

Date: _____

Hours: Mon – Fri 8 am – 6 pm Sat 8 am – 12 Noon
Last Drug Screen one hour before closing, please

AUTHORIZATION FORM

Employee Name _____

Company Name: **City of Whiting** Department: **Sanitary Basin / Recycling**

Company Address: **1500 Central Avenue – Whiting Indiana 46394**

Phone Number: **219-659-2725** Fax Number **219-659-1870**

Authorizing Supervisor: **Mark Harbin** Email: mharbin@whitingindiana.com

Please render the following services:

- | | |
|---|---|
| <input type="checkbox"/> Executive Physical by Appointment | <input type="checkbox"/> Blood Lead w/ ZPP |
| <input type="checkbox"/> Diagnosis and Treatment | <input type="checkbox"/> Blood Lead w/o ZPP |
| <input type="checkbox"/> Return to Work Exam | <input type="checkbox"/> Immunization (Hep B, Tetanus...) |
| <input type="checkbox"/> DOT Physical | <input type="checkbox"/> Pulmonary Function Testing |
| <input type="checkbox"/> General Physical/Non DOT | <input type="checkbox"/> Audiometric Testing |
| <input type="checkbox"/> DOT Drug Screen 5 Panel* | <input type="checkbox"/> Diagnostic X-Ray |
| <input type="checkbox"/> Non DOT Drug Screen 10 Panel* | <input type="checkbox"/> EKG/Stress Testing |
| <input type="checkbox"/> Non DOT Drug Screen 10 Panel with Alcohol* | <input type="checkbox"/> Other |
| <input type="checkbox"/> BAT (Breath Alcohol Test)* | _____ |

****Please Check One for drug Screen***

- | | |
|---|--|
| <input type="checkbox"/> Collection Only* | <input type="checkbox"/> Pre-Employment |
| <input type="checkbox"/> Hair Collection | <input type="checkbox"/> Random |
| | <input type="checkbox"/> Post Accident |
| | <input type="checkbox"/> Reasonable Suspicion |

RESULTS – PLEASE CHECK ONE

Fax **Mail** **Phone**

For emergency services after 6 pm refer to one of the following hospitals with instructions to call:
Dr. Michael Foreit , Dr. Frank Messana or Dr. Keith Nalley with all follow-up treatment to be done at Comprehensive Care

<i>Area Hospitals:</i>	St Margaret Mercy 5454 Hohman Ave Hammond, IN 46320 (219) 932-2300	Community Hospital 901 MacArthur Blvd Munster, IN 46321 (219) 836-1600	St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312 (219) 392-1700	Methodist Northlake 600 Grant Street Gary, IN (219) 981-4500
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