



7501 West 15th Avenue □ Gary, IN 46406  
Ph 219-977-2090 □ Fax 219-977-2091  
[www.compcareonline.com](http://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: **Park Department**

Company Address: **1938 Clark Street – Whiting Indiana 46394**

Phone Number: **219-659-1219** Fax Number **219-473-4442**

Authorizing Supervisor: **Marty Jakubowski Chuck Kosolko** Email: [mjakubowski@whitingindiana.com](mailto:mjakubowski@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"/> <b>Pre-Employment</b>       |
| <input type="checkbox"/> Hair Collection  | <input type="checkbox"/> <b>Random</b>               |
|   | <input type="checkbox"/> <b>Post Accident</b>        |
|   | <input type="checkbox"/> <b>Reasonable Suspicion</b> |

**RESULTS – PLEASE CHECK ONE**

- |                                     |                                      |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> <b>Fax</b> | <input type="checkbox"/> <b>Mail</b> | <input type="checkbox"/> <b>Phone</b> |
|-------------------------------------|--------------------------------------|---------------------------------------|

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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