



Farwell Medical Building
 39180 Farwell Drive, Suite 231
 Fremont, CA 94538
Ph: 510-585-2545 Fax: 510-505-9287
8 am - 7 pm Monday - Friday
www.AccessOmniCare.com

Work Injury Authorization Form



INFORMATION	
Patient Name:	Date:
Date of Birth:	Last 4 of SS#
Employer:	<input type="radio"/> Called In
Authorized By:	Phone:

INJURY TREATMENT / EXAMINATION		
Date of Injury	Injured Body Part	**If Drug Screen is Requested please mark box below

DRUG & ALCOHOL TESTING (Valid picture ID required)	
URINE DRUG SCREEN <input type="radio"/> Quick Test <input type="radio"/> DOT <input type="radio"/> Non-DOT	<input type="radio"/> DRUG HAIR COLLECTION
BREATH ALCOHOL TESTING <input type="radio"/> DOT <input type="radio"/> Non-DOT	
REASON FOR TEST	
<input type="radio"/> Post-Offer/Pre-Employment	<input type="radio"/> Reasonable Suspicion
<input type="radio"/> Post-Accident/Post-Injury	<input type="radio"/> Return to Duty
	<input type="radio"/> Random
	<input type="radio"/> Follow-Up Testing

PHYSICALS	TESTING	LABORATORY & VACCINES
<input type="radio"/> Post Offer (Enter job title below)	<input type="radio"/> Audiogram/Hearing Test	Hepatitis A <input type="radio"/> Vaccine <input type="radio"/> Titer
	<input type="radio"/> Spirometry/PFT	Hepatitis B <input type="radio"/> Vaccine <input type="radio"/> Titer
<input type="radio"/> DMV - DOT <input type="radio"/> New <input type="radio"/> Recert	<input type="radio"/> Physical Demands or Lift Test	MMR <input type="radio"/> Vaccine <input type="radio"/> Titer
<input type="radio"/> Respirator <input type="radio"/> Travel <input type="radio"/> HazMat <input type="radio"/> ERT	<input type="radio"/> Repetitive Motion Screen	Varicella <input type="radio"/> Vaccine <input type="radio"/> Titer
<input type="radio"/> Fit For Duty <input type="radio"/> Return to Work	<input type="radio"/> EKG	<input type="radio"/> PPD/TB Skin Test <input type="radio"/> Tetanus (T-Dap)
	<input type="radio"/> OSHA Respirator Form Review	<input type="radio"/> Lead ZPP
	<input type="radio"/> Fit Testing	<input type="radio"/> Travel Vaccines
	X-Ray	
	<input type="radio"/> Chest X-Ray	
	<input type="radio"/> Lumbar Spine	
Additional Test or Special Instructions		

NOTE TO EMPLOYEES TREATED IN THE EMERGENCY ROOM

Any employee treated at an Emergency Room or other medical facility must follow up with Access Omnicare on the next business day. Access Omnicare is open 8 am to 7 pm Monday - Friday. Please call 510-585-2545 for a follow-up visit.

NOTE TO EMERGENCY ROOM: Please give patient any medical records, diagnostic reports, lab result and work status reports from their ER visit. Thank you kindly for your cooperation.