Employer Authorization Form

Please print or type

East York
2250 East Market
Street York, PA 17402
717-851-1600 TEL
717-812-5183 FAX

Gettysburg
455 S Washington Street, Ste 12
Gettysburg, PA 17325
717-339-2880 TEL
717-334-3921 FAX

Hanover
1150 Carlisle Street, Ste 21
Hanover, PA 17331
717-851-7070 TEL
717-630-0982 FAX

New Holland
435 S Kinzer Ave.
New Holland, PA 17557
717-721-4319 TEL
717-351-2422 FAX

Lebanon
912 Russell Dr
Lebanon, PA 17042
717-270-2336 TEL
717-639-2741 FAX

Manchester
4050 N. George Street
Manchester, PA 17345
717-356-4380 TEL
717-356-4385 FAX

Chambersburg
1610 Orchard Dr
Chambersburg, PA 17201
717-261-0929 TEL
717-261-0902 FAX

(Employee must present photo ID at time of visit***)***

Employer: ____________________

Staffing Agency: Yes No

If yes, name of Agency: ____________________

Authorized By (print): ____________________

Authorized By (sign): ____________________

Employee Name: ____________________

Employee Address: ____________________

____

Social Security Number: __________ **DOB:** __________

Email: ____________________

Reason For Visit (check all that apply):

- **Work Related**
  - Injury
  - Exposure
  - Date of occurrence: ____________________
  - Body part affected: ____________________
- **Substance Abuse Testing**
  - Drug Screen
  - Breath Alcohol
  - **Type of Substance Abuse Testing**
    - DOT
    - NON-DOT
  - **Reason for Substance Abuse Testing**
    - Preplacement
    - Post-accident
    - Random
    - Reasonable suspicion
    - Follow-up
- **Other Procedures**
  - PPD
  - PPD (two step)
  - Pulmonary Fuction Test
  - Twinrix
  - Tetanus
  - HEP A
  - HEP B
  - FIT
  - Other: ____________________
- **Physical Examination**
  - Pre-placement
  - Periodic/Annual
- **Bus Drive Physical Examination**
  - Initial
  - Annual
  - With DOT certification
- **DOT Physical Examination**
  - Pre-placement
  - Recertification
- **Special Examination**
  - Asbestos
  - Respirator
  - Audiogram
  - Vision
  - Fit for duty
  - Travel
  - HAZMAT
  - Medical Surveillance
  - Other: ____________________
- **Billing (check if applicable)**
  - Employee to pay charges

Specific Instructions/Comments:

IMPORTANT

Please note that some of these services are regulated with strict protocol which only requires staff and patient to be allowed in the treatment or testing rooms. As such, we ask you to have your employee make arrangements for children or others that would otherwise accompany them to their visit.

Date revised 03/2020