



1205 Monument Rd. Suite 203  
Jacksonville, Florida 32225

Phone: 904-727-5120 Fax: 904-727-5129

Hours: Mon-Thur 8am-5pm, Fri 8am-4pm

Closed for Lunch 12:30-1:30pm

ONLINE Scheduling at: [www.memorialoccmedicine.com](http://www.memorialoccmedicine.com)

## Authorization for Examination

Authorization To Treat:	Date of Birth:
(Please Print Name of Employee)	

(Please Print Contact Person/Title Authorizing Treatment)

- Physical Examination – Non DOT
- DOT Physical
- Drug Screen Collection: \_\_DOT\_\_ Non-DOT \_\_Instant\_\_ Other:
- Breath Alcohol Test (BAT): \_\_DOT\_\_ Non-DOT
- Pulmonary Function Test (PFT)
- OSHA Respirator Medical Evaluation Questionnaire & Exam
- Respirator Fit Test
- Audiogram
- X-Ray (please explain)
- Workers Compensation
- Vaccination (Flu, Hep A/B, Varicella, Tetanus)
- Other

Authorized Signature:

\_\_\_\_\_  
Employer Name:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Fax:

\_\_\_\_\_  
Date: