



Medicalaccess

Please check mark the services requested by your Corporation

PHYSICAL EXAMINATION

- DOT _____
- Pre-Employment _____
- Annual _____
- Other _____

ANCILLARY TESTING

- X-Ray (specify) _____
- Spirometry _____
- Lab Work (specify) _____
- Alcohol _____ Blood _____ Breath _____

DRUG SCREEN

- NIDA (5-Panel) _____
- Non-NIDA (10-Panel) _____
- Split Specimen _____
- Collection Only _____

MRO

- Medical Access _____
- Other (Name and Phone no.) _____

LABORATORY USED

- Medical Access _____
- Other (specify) _____

REASON FOR DRUG SCREEN

- Pre-Employment _____
- Annual Screen _____
- Random Screen _____
- Other _____

VACCINATIONS

- Tetanus _____
- Hepatitis B _____
- Flu/Allergy Shots _____
- Travel Immunization _____
- Other _____

Other Services/Comments _____