



Occupational Health Service Request Form

I, _____ authorize Lansing Urgent Care to perform the following services and bill the below referenced company for the following

Applicant/Employee:

Applicant/Employee Name _____ DOB _____

Employee Job Title (Job Description) _____

- Pre-Employment Physical (Non-DOT) (PEP)
- TB Test (TB Test)
- Chest X-Ray to Rule Out TB
- 5-panel Rapid Drug Screen (5UDS)
- 10-panel Rapid Drug Screen (10UDS)
- DOT 5-panel Drug Screen (UDSDOT)
- DOT Physical (DOTPHY)
- Non-DOT Breath Alcohol Testing (Non-DOT BAT)
- DOT Breath Alcohol Testing (DOT BAT)
- Tetanus
- Work Comp
- Other (Specify)

If drug screen is being requested, please give reason for test:

- Pre-Employment
- Random
- Reasonable Suspicion/Cause
- Post-Accident
- Return to Duty
- Follow-up
- Other (Specify)

If DOT Physical is being requested is the driver INTERSTATE or INTRASTATE (please circle one)

Manager/Supervisor Signature _____ Date _____

Manager/Supervisor Contact Phone # _____

Company Name _____

Company Address _____

City, State, Zip Code _____

Company Fax Line (To receive above testing results) _____

Company Email _____

For form or Occupations Medicine Program Questions Contact:
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