



**Corporate Health**

2660 Reidville Road, Unit 1  
Spartanburg, SC 29301  
Phone: 864-560-9651  
Fax: 864-560-9636  
Hours: 8:00 AM - 5:00 PM

150 D Street  
Greer, SC 29651  
Phone: 864-849-9180  
Fax: 864-801-4398  
Hours: 8:00 AM - 5:00 PM

*Thank you for choosing Spartanburg Regional Healthcare System for your organization's healthcare needs.*

**AUTHORIZATION FORM**

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Job/Position: \_\_\_\_\_ Authorizing Rep: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Auth. Rep. Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Children are not allowed in clinical areas of our offices, and cannot be left in the lobby unsupervised.**

*For work-related injuries after hours, please call 864-577-4059 or visit one of our Immediate Care Centers or emergency centers as appropriate for severity of injury with this form in hand.*

**Completion of this form authorizes Spartanburg Regional Corporate Health to provide the following services:**

Physicals	Lab Services	Drug Screen/Breath Alcohol Reason
<input type="checkbox"/> DOT Recertification <input type="checkbox"/> Firefighter physical <input type="checkbox"/> Federal Aviation Exam <input type="checkbox"/> HAZ MAT <input type="checkbox"/> Mobile Equipment <input type="checkbox"/> Police physical <input type="checkbox"/> Pre-employment <input type="checkbox"/> Pre-employment DOT <input type="checkbox"/> Return To Work Exam <input type="checkbox"/> Other Physicals: _____ <input type="checkbox"/> <i>Yes this service needs to be completed on your company's forms.</i>	<input type="checkbox"/> BBP Exposure: Specify _____ <input type="checkbox"/> Hepatitis Titer <input type="checkbox"/> MMR Titer <input type="checkbox"/> Varicella Titer <input type="checkbox"/> Other Exposure: Specify _____ <input type="checkbox"/> Follow up <input type="checkbox"/> No Drug Screen	<input type="checkbox"/> For Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Return to Work <input type="checkbox"/> Other: _____
	<p style="text-align: center;"><b>Other Services</b></p> <input type="checkbox"/> Audiometry (Hearing Test) <input type="checkbox"/> Titmus Vision Test <input type="checkbox"/> EKG <input type="checkbox"/> Essential Function Test (EFT) <input type="checkbox"/> Fit for Duty Exam <input type="checkbox"/> Functional Capacity Eval (FCE) <input type="checkbox"/> Pulmonary Function Test (PFT) <input type="checkbox"/> Respiratory Clearance* <b>Respirator Fit Test</b> <input type="checkbox"/> Quantitative (unavailable at Greer office) <input type="checkbox"/> Qualitative <input type="checkbox"/> Wellness: Specify _____ <input type="checkbox"/> X-Ray _____ <input type="checkbox"/> <b>Work Comp. Injury</b>	<p style="text-align: center;"><b>Drug Screen Type</b></p> <input type="checkbox"/> Per Agreement <b>Breath Alcohol Test</b> <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <b>Hair Analysis</b> <input type="checkbox"/> Hair Analysis <input type="checkbox"/> w/ expanded opiates <b>Urine                      Observed? Yes / No</b> <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT 10 Panel (Instant) <input type="checkbox"/> Non-DOT 10 Panel (Send out) <input type="checkbox"/> w/ expanded opiates (Send out) <input type="checkbox"/> Non-DOT 5 Panel (Instant) <input type="checkbox"/> Non-DOT 5 Panel (Send out) <input type="checkbox"/> Other: _____
<p style="text-align: center;"><b>Vaccine/Injection Services</b></p> <input type="checkbox"/> Influenza Vaccine <input type="checkbox"/> Heplisav Vaccine (Hep B) ___ 1st ___ 2nd <input type="checkbox"/> PPD/TB Skin Test ___ 1st Step ___ 2nd Step <input type="checkbox"/> QuantiFeron TB-Gold <input type="checkbox"/> Tetanus <input type="checkbox"/> T-dap <input type="checkbox"/> Other Vaccine: Specify _____		<p style="text-align: center;"><b>**AFTER HOURS DRUG SCREENS</b></p> <input type="checkbox"/> Non-DOT 10 Panel (Send out) <input type="checkbox"/> DOT Urine Drug Screen <input type="checkbox"/> Breath Alcohol <input type="checkbox"/> DOT Breath Alcohol

**\* Employer is responsible for administering the respiratory protection program based on OSHA accepted protocols found in 1910.134.**

**\*\*Our Emergency Centers and Immediate Care Centers only perform DOT & 10 panel urine drug screens on SRHS chain of custody forms as well as DOT & non-DOT breath alcohols for after hours injuries, reasonable suspicion and for cause.**

**Please note: Children are not allowed in clinical areas of our offices, nor can they be left in the lobby unsupervised. Please make arrangements accordingly, as your appointment will be rescheduled if you arrive with child(ren) and no additional adult to provide supervision.**

**Comments:** \_\_\_\_\_