



COMPANY PROFILE

(Se Habla Español)

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Company: _____ Employees: _____

Address: _____ Hours: _____

City: _____ State: _____ Zip: _____ Business Type: _____

Phone: _____ Ext: _____ Fax: _____ E-mail: _____

Contact: _____ Web Site: _____

Workers' Comp After Hours Contact: _____ Phone: _____

Bill to Company Address for: Physical Drug/Alcohol Injury/Illness ALL SERVICES

Special Billing Instructions: _____

INJURY TREATMENT SERVICES

Workers' Comp Special Instructions: _____

Limited Duty No Limited Duty Call for Instruction 1st Report of Injury: _____

Send 'Work Status' Form to: _____ Fax: _____ Confidential

Workers' Comp Carrier: _____ Self-Insured

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Ext: _____ Fax: _____

PHYSICAL EXAMINATIONS AND SCREENINGS

Company Forms to be used: _____

Pre-Placement DOT Non-DOT Return to Work Annual

PFT Fit Testing Audiogram X-Ray Executive

Medical Surveillance Other Lifting # of Pounds

Send Results of Physicals to: _____

Fax Results: _____ Mail Results: _____

Physical Exams Special Instructions: _____



DRUG & ALCOHOL TESTING REQUIREMENTS

			Pre-Placement	Post-Accident	Random	Reasonable Cause	Other
Non-DOT	5	10					
DOT							
TestCup	5	10					
Hair Analysis							
Breath Alcohol							
Breath Alcohol DOT							

Collection Only: _____ Type : _____ TPA or Lab: _____ Employee Bring Kit: _____

TPA or Lab Address: _____ Phone: _____ Ext: _____

DER Contact: _____ Phone: _____ Ext: _____

After Hours: _____ Ext: _____ Type: _____

After Hours Special Instructions: _____

Send Drug & Alcohol Results to: _____ Phone: _____ Ext: _____ Fax: _____

MAIL TO COMPANY

MAIL TO OTHER Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Ext: _____ Fax: _____

Drug & Alcohol Testing Special Instructions: _____

On-Site Services available upon request.

ADDITIONAL INSTRUCTIONS

Regional

Crown Point

Munster

Hammond

Michigan City

Valparaiso

Protocol Type: _____

Protocol Date _____