

Employees presenting for a drug screen or breath alcohol test must have a photo ID.

After hours injuries and post-accident drug screening: Complete the form below and present to the emergency department.

Employee Name _____ Date of Birth _____

Company Name _____ Today's Date _____

Company Phone _____ Results (Check One) Faxed Emailed

Email _____ Fax _____

Company Rep Authorizing Treatment _____

Signature _____ Verbal Auth Time _____ Initials _____

Above Employee is Scheduled on _____ (Date/Time)

PLEASE MARK ALL THAT APPLY

PURPOSE FOR TESTING

- Pre-Employment
- Random
- Post-Accident
- Reasonable Cause
- Follow-Up
- Return to Work
- Other _____

BREATH ALCOHOL TESTING

- Non-DOT
- DOT

HAIR DRUG SCREENS

- 5 Panel
- 5 Panel Expanded
- Collect Only

PHYSICAL EXAMS

- DOT
- Non-DOT
- Return to Work
- Other _____

URINE DRUG SCREENS

- DOT
- DOT Collection Only
- *Specify Testing Agency
 - FMCSA
 - FTA
 - PHMSA
 - FRA
 - FAA
 - USCG
- Non-DOT
 - 5 Panel
 - 10 Panel
 - Other _____
- Non-DOT Collection Only
- Instant
 - 5 Panel
 - 10 Panel

SURVEILLANCE TESTING

- Audiogram
- Lift Test # _____
- PFT/Spirometry
- Chest X-Ray
- Respirator Questionnaire
- Respirator Fit Test
- *Type of Mask _____

INJECTIONS/VACCINATIONS

- PPD/TB Test
- TDAP
- Tetanus
- Hep B
- Hep A

TITERS/LABS

- MMR
- Varicella
- Hep B
- Hep C
- Quantiferon
- Other _____

WORKER'S COMP/INJURY TREATMENT

- New Injury
- Date of Injury _____
- Claim # _____
- Additional Services Requested

**FRANCISCAN WORKINGWELL
CHICAGO HEIGHTS**

30 E. 15th St. • Suite 100
Chicago Heights, IL 60411
Monday-Friday • 7AM-5PM
(708) 709-2000
Fax: (708) 709-2046

AFTER-HOURS WORK RELATED CARE

**FRANCISCAN URGENT
CARE CHICAGO HEIGHTS**

30 E. 15th St. • First Floor
Chicago Heights, IL 60411
Daily • 7AM-3AM
(708) 733-7200

AFTER-HOURS INJURY CARE

**FRANCISCAN HEALTH OLYMPIA FIELDS
EMERGENCY ROOM**

20201 S. Crawford Ave.
Olympia Fields, IL 60461
(708) 747-4000