



Company: **RICHMOND COUNTY SCHOOL SYSTEM**

Phone#: **706-826-1000**

Date: \_\_\_\_\_

**OCCUPATIONAL MEDICINE AUTHORIZATION**

Employee Name	PPD/TITER	Non-DOT							DOT							
		Physical	Drug Screen			Breath Alcohol			Physical	Drug Screen			Breath Alcohol			
			Random	Post Accident	Pre Emp	Random	Post Accident	Pre Emp		Random	Post Accident	Pre Emp	Random	Post Accident	Pre Emp	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**WORKMAN'S COMPENSATION AUTHORIZATION**

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

Insurance Company Name: **UNDERWRITERS SAFETY & CLAIMS, INC.**

Date of Birth: \_\_\_\_\_

Claim Adjustor's Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Drug Screen Required:            Yes       No

Claims Address: **P. O. BOX 465537**

Employer Address: **864 BROAD STREET**  
**Augusta, GA 30901**  
**Fax# 706-826-4622**

**LAWRENCEVILLE, GA 30042-5537**  
**678-376-3506**  
**678-376-0056**

Authorized By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title