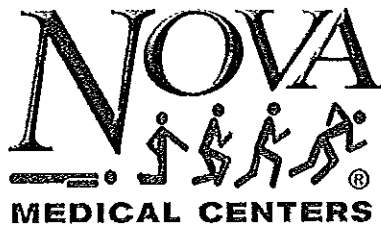


Fax Form to 762-222-1124

Go to: WalMart Shopping Center
3205 Deans Bridge Rd



Employer's Authorization for Examination and/or Treatment (Must Present Photo ID at Time of Service)

Patient Name: _____ SSN/ID#: _____

Company: RICHMOND COUNTY SCHOOL SYSTEM Date of Order: _____

Company Address: 864 BROAD ST, AUGUSTA, GA 30901 Co. Phone: _____

Company Contact: _____ Title: _____

Signature: _____ Date: _____

Billing:

- Employee To Pay At Time of Service
- Employer (See Address Above)
- Workers Compensation (Report Injury to your Ins. Co.)

Underwriters Safety & Claims, Inc.
5105 Paulsen St, Suite 241
Savannah, Ga. 31415

Work Related / Injury Care:

Date of Injury: _____

Evaluate & Treat

LIGHT DUTY IS AVAILABLE

Return to Work Evaluation _____

Fit For Duty _____ (Physical+PPE)

Job Title: _____
(Please Provide Job Description)

Special Instructions/Other Testing: _____

Drug Testing Only: Post Accident/Injury

- Random Testing Reasonable Suspicion
- Urine Drug Test: DOT Non-DOT
- Rapid Urine Drug Check eCup
- Breath Alcohol Test
- Hair Analysis

Pre-Employment Services:

- Urine Drug Test: DOT Non-DOT
- Rapid Urine Drug Check eCup
- Breath Alcohol Test
- Hair Analysis
- Physicals: DOT DOT Re-Cert. Basic
- Physical Performance Evaluation
(Please Provide Job Description)
- Respirator Fit Testing:
 - Qualitative Quantitative: Mask Type*: _____ (*Required)
- Pulmonary Function Test (PFT)
- Audiogram - OSHA Conservation
- Blood Testing:
 - CBC CMP Lipid
 - ZPP Heavy Metal: (specify) _____
- TB Skin Test
- X-rays: Chest B-Read
- Vision Testing:
 - Wall Chart J-2 Color (Ishihara)
- EKG