



# Occupational Health Service Request Form

I, \_\_\_\_\_ authorize Lansing Urgent Care to perform the following services and bill the below referenced company for the following Applicant/Employee:

Applicant/Employee Name \_\_\_\_\_ DOB \_\_\_\_\_

Employee Job Title (Job Description) \_\_\_\_\_

- Pre-Employment Physical (Non-DOT) (PEP)
- TB Test (TB Test)
- 5-panel Rapid Drug Screen (5UDS)
- 10-panel Rapid Drug Screen (10UDS)
- DOT 5-panel Drug Screen (UDSDOT)
- DOT Physical (DOTPHY)
- Non-DOT Breath Alcohol Testing (Non-DOT BAT)
- DOT Breath Alcohol Testing (DOT BAT)
- Work Comp
- Other (Specify) \_\_\_\_\_

If drug screen is being requested, please give reason for test:

- Pre-Employment
- Random
- Reasonable Suspicion/Cause
- Post-Accident
- Return to Duty
- Follow-up
- Other (Specify) \_\_\_\_\_

If DOT Physical is being requested is the driver INTERSTATE or INTRASTATE (please circle one)

\_\_\_\_\_  
Manager/Supervisor Signature Date

\_\_\_\_\_  
Manager/Supervisor Contact Phone #

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Company Fax Line (To receive above testing results)

Lansing Urgent Care  
505 N Clippert St Lansing 48912  
Ph 517 333 9200 | Fx 517 333 9201

For form or Occupations Medicine Program Questions Contact:  
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