



MEDICAL PROVIDER AUTHORIZATION



Print Name: _____ Location: _____

Driver (DOT)

Non-Driver

Agg Haul

Tanker Driver

Maintenance

Ready Mix

Office

Check all that apply

Drug and Alcohol Screen		Examination or Medical Care
Drug (Urine)		<input type="checkbox"/> DOT Physical <input type="checkbox"/> Post-Offer Physical Exam <input type="checkbox"/> Audiogram <input type="checkbox"/> Baseline <input type="checkbox"/> Annual Test <input type="checkbox"/> Re-test <input type="checkbox"/> Respirator Clearance <input type="checkbox"/> **Post-Accident Medical Care Date of Injury: _____ Type of injury: _____ _____
Commercial Driving Positions	Non-commercial Driving Positions	
<input type="checkbox"/> Post-offer of Employment <input type="checkbox"/> Post-accident (DOT) <input type="checkbox"/> Post-accident (non-DOT) <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Post-offer of Employment <input type="checkbox"/> Post-accident <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion	
Alcohol (Breath)		
<input type="checkbox"/> Post-accident <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion		

**** Note to the Medical Care Provider:**

This form authorizes initial (one-time) care only. Follow-up care must be authorized by our Safety/Workers' Compensation Mgr.

Send bills in care of **JAMIE WILLIAMS:**

S&W Ready Mix Work Comp
PO Box 872
Clinton, NC 28329
Phone: 910-214-9721
Fax: 910-299-9019

Manager, Supervisor or HR Representative:

Print Name

Signature

Phone Number

NOTE TO MGR: Upon completion of this form, you must forward a copy to the safety department with a copy of the **INJURY INVESTIGATION REPORT**.

Date of Authorization