

# Work-Related Injuries/Physicals

Occupational & Environmental Health Services  
2251 N. Harbor Blvd., Fullerton, CA 92835  
**Tel: (714) 449-6200 Fax: (714) 449-1773**  
INJURIES: Monday-Friday 7am -10pm, Saturday-Sunday 10am-10pm  
**Afterhours: Go to St. Jude Medical Center ER**  
101 E. Valencia Mesa, Fullerton, CA 92835  
PHYSICALS: Monday-Friday 7am-4pm

## MEDICAL AUTHORIZATION FORM

Today's Date \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Patient's Name: \_\_\_\_\_ Does employee work for temp agency? Yes\_\_\_ No\_\_\_  
Employer's Name: \_\_\_\_\_ Name of Agency: \_\_\_\_\_  
Job Title: \_\_\_\_\_

**REQUIRED**

Authorized by: \_\_\_\_\_  
PRINT NAME SIGNATURE TITLE

Phone: \_\_\_\_\_

The employer named in this authorization form is responsible for all charges associated with treatment. Charges may be paid for by the employer or forwarded to the carrier. State Law prohibits St. Jude Heritage Healthcare from billing an employee for work-related medical costs.

**Injuries**

Is this a work-related injury? Yes/No \_\_\_\_\_

Injured part of the body: \_\_\_\_\_

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

**Post-Accident Drug Screen**

Yes \_\_\_ No \_\_\_

DOT DS  Non DOT DS  
 Collection Only  E-Screen  
 Rapid Drug Test  
 Evidential Breath Alcohol Test

**Exams (Picture ID required)**

**Physical** Job Title: \_\_\_\_\_

Drug Screen Only  DOT/DMV Physical  Fit for Duty  
 Follow Up  TB Risk Assessment  TB Testing  
 Chest X-Ray  Audiogram  PFT  
 Back Assessment  Back Evaluation  
 Other \_\_\_\_\_

**Reason for Test**

Pre-placement  Post Accident  Random  
 Post Injury  Return to Duty  Reasonable Cause

Comments: \_\_\_\_\_  
\_\_\_\_\_