



## Employer Authorization for Examination or Treatment

Employee Name: \_\_\_\_\_ DOB \_\_\_\_\_

Company: \_\_\_\_\_

<p><b>Visit Type:</b> Job Title _____</p> <p>_____ Post offer          _____ DOT          _____ Asbestos          _____ Annual          _____ Hazmat          _____ Respirator          _____ Work Injury Care          _____ Fit for Duty/Return to Work          _____ Routine Surveillance          _____ Vax/Meds/Titers _____</p>	<p><b>Optional Services:</b></p> <p>_____ Audiogram          _____ Audiogram w/interpretation          _____ Vision          _____ Backscreen          _____ Pulmonary Function Test          _____ Resp Questionnaire</p> <p>_____ <b>Specific Notes</b> – write in description of request          _____          _____</p>
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<p><b>Drug Testing</b></p> <p>_____ <b>Non-DOT</b></p> <p>_____ <b>STAT</b> Circle one 5panel 9panel 10panel</p> <p>_____ <b>DOT</b> Circle the DOT Agency Below          FMCSA FAA FTA USCG PHMSA HHS FRA</p> <p><b>Check the type of testing:</b></p> <p>_____ Pre-employment          _____ Post-accident          _____ Return to duty*(mandatory observed for DOT)          _____ Random          _____ Follow-up*(mandatory observed for DOT)          _____ Reasonable Suspicion          _____ Hair collection</p>	<p><b>Breath Alcohol Testing:</b></p> <p>_____ <b>DOT</b>      _____ <b>Non-DOT</b></p> <p>_____ Pre-employment          _____ Post-accident          _____ Return to Duty          _____ Random          _____ Follow-up          _____ Reasonable Suspicion</p>
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Authorized by \_\_\_\_\_ Phone# \_\_\_\_\_ Date \_\_\_\_\_

Please Print  
**See second page for list of Occupational Health Locations**



**For scheduling, please contact one of the CHI Occupational Health Clinic locations in Omaha or Lincoln listed below.**

**If the patient is calling to schedule, we will need employer authorization prior to the patient calling our clinic: it can be called in by the employer, emailed or faxed.**

**CHI Health Company Care Omaha**

5005 S. 153<sup>rd</sup> Street  
Omaha, NE 68137  
Phone: (402) 829-5660  
Fax: (402) 829-5665

Open: Monday – Friday 7:00am – 5:00pm  
Drug screen collected between 7:00am – 4:00pm

**[DL-MW-MLD-CompanyCare@alegent.org](mailto:DL-MW-MLD-CompanyCare@alegent.org) – In the subject line please put AUTHORIZATION- and the name of your company**

**CHI Health Company Care Lincoln**

5000 N. 26<sup>th</sup> Suite 200  
Lincoln, NE 68521  
Ph: (402) 475-6656  
Fax: (402) 742-8419

Open: Monday – Friday 7:00am – 5:00pm  
Drug screen collected between 7:00am – 4:00pm

**[CompanyCare@stez.org](mailto:CompanyCare@stez.org) - In the subject line please put AUTHORIZATION- and the name of your company**

**For account setup/updates in the Lincoln/Omaha area contact:**

Joanne Bartels 402.430.2589 or [joanne.bartels@commonspirit.org](mailto:joanne.bartels@commonspirit.org)

**Here is the link to our Occupational Health Website that has more information.**

**<https://www.chihealth.com/en/services/occ-health.html>**