

Employer Request for Services

Name _____ Date _____

DOB _____ SS# or ID _____

Company: _____ Company Contact: _____

DRUG TEST	BREATH ALCOHOL	PHYSICAL EXAM	RESPIRATOR	LAB
☐ DOT	☐ DOT	☐ DOT/CDL	☐ Certification	☐ Body Fluid Exposure
☐ Non-DOT	☐ Non-DOT	☐ Pre-Placement	☐ PFT	☐ Lead Monitoring
☐ Rapid Test		☐ Fit for Duty	Respirator Fit Test:	☐ Blood Alcohol
☐ Other		Surveillance:	☒ Quantitative	☐ Health Panel
		☐ Baseline	☐ Qualitative	☐ Hepatitis B Titer
		☐ Annual/Periodic		
Surveillance type:			AUDIOGRAM	INJECTIONS
			☐ Baseline	☐ Tetanus
			☐ Annual	☐ Hepatitis A
			☐ Repeat	☐ Hepatitis B
			☐ Exit	☐ PPD

REASON FOR DRUG TEST/BAT

- ☐ Pre-Placement ☐ Random
☐ Post Accident ☐ Follow-Up
☐ Reasonable Suspicion

Other: _____

★ We are located 1 block west of the Kelso Mall and Target. Visit us at www.LCOHS.com