

BASIC SERVICE INFORMATION

Occupational Health Systems, Inc.
Return to: OHS @ (865) 558-3515

Company Name: _____

Physicals/Injuries:

- ___ Employment Physical (Non-DOT)
- ___ Return to Duty Physicals
- ___ DOT Physical
- ___ Post Injury Care

Drug Screen:

- ___ DOT ___ TN Drug-Free ___ Non-DOT
- ___ Pre-Employment
- ___ Random
- ___ Post-Accident
- ___ Reasonable Suspicion

___ Return to Duty
___ Follow-Up

Breath Alcohol Testing:

- ___ DOT ___ Non-DOT
- ___ Pre-Employment
- ___ Random
- ___ Post-Accident
- ___ Reasonable Suspicion
- ___ Follow-Up
- ___ Return to Duty

Additional Services:

- ___ Respirator Exams
- ___ Respirator Fits Testing
- ___ Safety Management & Training

COMPANY USES A CORPORATE LAB FOR DRUG SCREENS

___ YES ___ NO (If a corporate account exists, collection kits and Chain of Custody Forms will be provided by company)

___ YES ___ NO Company is a **CERTIFIED** Drug Free Workplace

COMPANY DESIRES TO USE OCCUPATIONAL HEALTH SYSTEMS, INC. PAPERWORK AND LAB FOR DRUG SCREENS

___ YES ___ NO Use OHS Forms, Lab, Kits, and MRO services

___ YES ___ NO Facility is Union

Company Name: _____

Company Contact Name: _____

Company Address: _____

Company Contact Phone: _____ Fax: _____

Please report the results via: ___ Fax ___ E-mail: _____

Worker's Compensation Information

Worker's Compensation Carrier: _____

Carrier's Address: _____

Carrier's Phone: _____ Carrier's Fax: _____