



AUTHORIZATION FOR EXAM OR TREATMENT

EMPLOYEE/APPLICANT NAME: _____

MINORS MUST BE ACCCOMPANIED BY A PARENT OR LEAGAL GUARDIAN
AUTHORIZING COMPANY

COMPANY: WhiteWater Express Car Wash

PHONE: 346-547-4864

BILLING ADDRESS: 106 Vintage Park Blvd Ste. 100

DATE: _____

Houston, TX 77070

CONTACT: Jana Bolton

TEMP AGENCY (IF APPLICABLE): N/A

SIGNATURE: Jana Bolton

SERVICES AUTHORIZED

WHO IS TO BE CHARGED FOR SERVICES?

COMPANY EMPLOYEE

INJURY TREATMENT

TREATMENT OF WORK-RELATED INJURY/ILLNESS

POST-INJURY/POST-ACCIDENT (PLEASE INDICATE TESTS BELOW)

DATE & TIME OF INJURY: _____

DRUG SCREEN SPECIFY DOT NON-DOT

BREATH ALCOHOL

NEEDLE POKE-

HEPATITIS TESTING HIV TESTING PRESCRIPTION (WILL BE REFERRED)

IS IT KNOWN WHO THE NEEDLE BELONGED TO? YES NO IF YES-IS BLOOD SAMPLE AVAILABLE? YES NO

DRUG/ALCOHOL TESTS

*PATIENT INSTRUCTIONS: DO NOT URINATE JUST PRIOR TO ARRIVING & HAVE A VALID PHOTO ID FOR PHOTOCOPYING

PURPOSE OF TESTING: PRE-EMPLOYMENT POST-ACCIDENT REASONABLE SUSPICION
 RANDOM RETURN TO DUTY FOLLOW-UP

DOT TESTING AUTHORITY: FMCSA FAA FRA FTA PHMSA USCG

BREATH ALCOHOL: BREATH ALCOHOL TEST DOT BREATH ALCOHOL TEST

DRUG SCREEN: 5 PANEL URINE 10 PANEL URINE DOT URINE OTHER: _____

PHYSICAL EXAMS

JOB TITLE: _____

PRE- EMPLOYMENT

DOT (SPECIFY): ANNUAL RECERTIFICATION POST- OFFER RESPIRATOR OTHER: _____

ADDITIONAL SERVICES

HEPATITIS B TITER EKG PFT FLU SHOT OTHER: _____

TB PPD MANTOUX SKIN TEST (SPECIFY): 1 STEP 2 STEP COVID-19 Nasopharyngeal Swab COVID-19 Rapid Antibody

*PATIENT MUST RETURN TO CLINIC FOR READ IN 48-72HRS

ADDITIONAL COMMENTS: _____