



AUTHORIZATION FOR EXAM OR TREATMENT

EMPLOYEE/APPLICANT NAME: _____

****MINORS MUST BE ACCOMPANIED 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

WHO IS TO BE CHARGED FOR SERVICES?

COMPANY ☒ EMPLOYEE _____

SERVICES AUTHORIZED

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: _____