



ROCKFORD ORTHOPEDIC

Rockford Orthopedic Associates, Ltd.
5875 E. Riverside Blvd. Rockford, IL 61114
Occupational Health

Fax 779-774-1351

Phone 815-298-2749

OCCUPATIONAL HEALTH CENTER

7:30 AM - 8:00 PM Monday - Friday Noon - 4:00 PM Saturday

AUTHORIZATION FORM

TO BE COMPLETED BY ROCKFORD ORTHOPEDIC EMPLOYEE

Time of Arrival: _____

EMPLOYEE MUST HAVE PHOTO IDENTIFICATION

Authorization Date: _____ Authorization Expires: _____

Employee/Applicant name: _____ Job Title: _____

Employer name: _____

Address: _____ Phone: _____

Authorized Signature: _____

Work-Related Injury / Incident Care: *Fast Track*

Medical Evaluation (with ___ drug screen/ ___ alcohol) Medical Evaluation (without drug screen or alcohol)

Date of work-related injury/incident: _____

Body Part(s) Approved for Treatment: _____

Employment Exams: New / Current Employees (ESP)

Pre-Emp./Post offer-Factory Pre-Emp./Post offer-Office DOT Exam (new) DOT Exam (recertification)

Other: _____

Urine Drug Test Non-Federal Federal

Pre-employment Return to Duty

Random Follow-up

Post-Accident Reasonable Suspicion

Breath Alcohol Test Non-Federal Federal

Random Follow-up

Reasonable Suspicion Post-Accident

Surveillance Program (non-patient file)

Respirator Exam Pulmonary Function Testing

Lift Test (Provider)

Additional Testing (non-patient file)

Audio Screen Lumbar X-Ray Chest X-Ray TB BP Vision

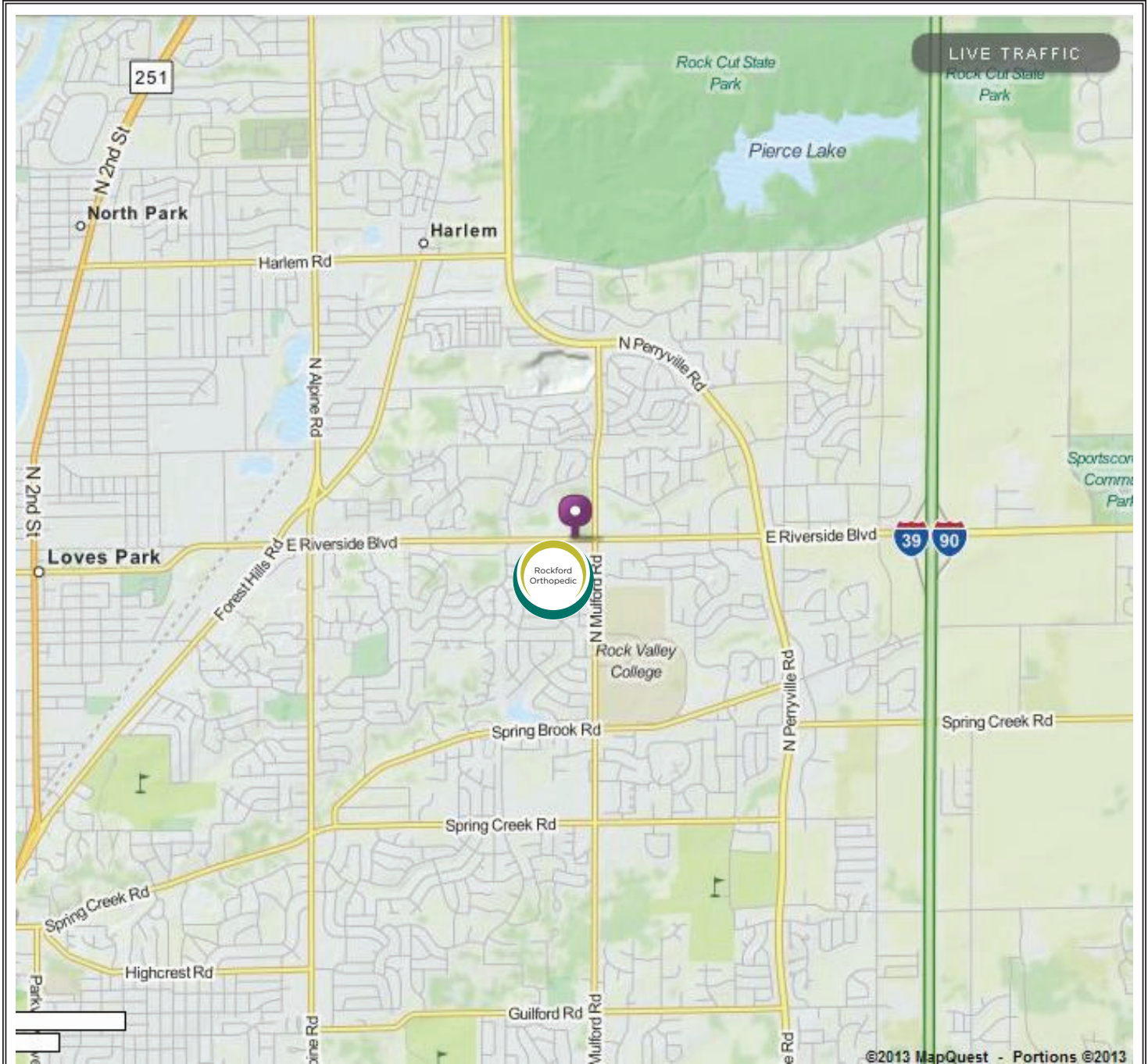
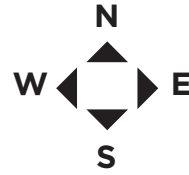
Pre-Employment back assessment (performed in Rehabilitation Department)

Other: _____



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Hours:
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Noon - 4:00 pm Saturday

CLOSED Sundays, New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Day.
See full holiday hours and closings at www.rockfordortho.com/orthoexpress