Trinity Occupational Health

COMPANY PROFILE

Company Information **Date: ____/____/____**

Name: _____ Main Phone: _____

Address: _____ # Employees: _____

Contact Name: _____ Phone: _____ Ext. _____

Email: _____ FAX: _____

Billing Contact: _____ Phone: _____ Ext. _____

Email: _____ FAX: _____

Same Address? ☐ Yes ☐ No If not: _____

Other Contact: _____ Phone: _____ Ext. _____

Other Contact: _____ Phone: _____ Ext. _____

Treatment of Work-Related Injury

Contact Name: _____ Phone: _____ Ext. _____

Email: _____ Fax: _____

Work Status Report - Send by: ☐ Email ☐ Fax ☐ Mail

First Aid Only – Bill to Employer? ☐ Yes ☐ No

Post Accident Drug and Alcohol Screening? ☐ Yes ☐ No

Drug Screen: ☐ DOT ☐ Non-DOT ☐ Rapid ☐ E-Screen

Breath Alcohol: ☐ DOT ☐ Non-DOT

Modified Work Duty Available? ☐ Yes ☐ No

Workers' Compensation Insurance Carrier

Name: _____ Policy No: _____ Effective Date: ___ /___ /___

Contact Name: _____ Phone: _____

Address: _____

Special Instructions: _____

_____

_____

Drug and Alcohol Screening

Contact Name: _____ Phone: _____ Ext. _____

Email: _____ FAX: _____

Same Address? ☐ Yes ☐ No If not: _____

Non-DOT Drug Screen? ☐ 5 Panel ☐ 10 Panel ☐ Rapid - 6 Panel ☐ Rapid - 10 Panel ☐ eScreen

Random Drug/Alcohol Program Management? ☐ Yes ☐ No

Other Instructions: _____

Medical Exams

Contact Name: _____ Phone: _____ Ext. _____

Email: _____ FAX: _____

Exam Results – Report by: ☐ Phone ☐ Email ☐ Fax ☐ Mail

Pre-Placement Exam(s): *UDS = Urine Drug Screen

Job Title: _____ ☐ UDS* ☐ Audiogram ☐ Spirometry ☐ Lift Eval ☐ Other: _____

Job Title: _____ ☐ UDS ☐ Audiogram ☐ Spirometry ☐ Lift Eval ☐ Other: _____

☐ DOT - Initial ☐ UDS ☐ Audiogram ☐ Spirometry ☐ Lift Eval ☐ Other: _____

Periodic Exam(s):

☐ DOT - Recertification ☐ Audiogram ☐ Spirometry ☐ Other: _____

☐ Respirator Clearance ☐ Audiogram ☐ Spirometry ☐ Other: _____

☐ Other: _____ ☐ Audiogram ☐ Spirometry ☐ Other: _____

☐ Other: _____ ☐ Audiogram ☐ Spirometry ☐ Other: _____

Other Services

☐ TB Screening

☐ Other: _____

☐ Other: _____

Additional Information: _____

_____

_____

_____