

West Jefferson
Industrial Medicine, L.L.C.
Your Company... Our Priority
www.wjimed.com



GREYNA LOCATION:
107 Wall Blvd. • Suite A
Gretna, Louisiana 70056
PHONE: 504.433.5070 • FAX: 504.433.5077

MARRERO LOCATION
4475 Westbank Expressway • Suite A
Marrero, Louisiana 70072
PHONE: 504.347.8471 • FAX: 504.340.2885

EMPLOYER AUTHORIZATION FORM (please print)

Company Name: _____ Date: _____
Phone #: _____ Fax #: _____
Employee Name: _____ Job Class: _____
Authorized By: _____

TREATMENT FOR INJURY

Treatment for injury? Yes No Light Duty Available? : Yes No

PHYSICAL EXAM

1. Pre Employment Physical 2. CDL 3. Return to Work 4. UKOOA 5. Diver
6. Annual 7. USCG (DOT) 8. Crane Operator 9. Heavy Equipment Operator

REQUIRED PROCEDURES

1. T.B. Skin Test 2. EKG 3. Chest X-Ray 4. Long Bone Series
5. Audiogram (Hearing) 6. Agility Test (Physical Demand Test) 7. Fingerprints: Digital Ink
(Gretna Clinic Only)
8. Back X-Rays: two views four views six views
9. Blood Work (Please Specify): _____
10. Overseas Injections / Immunizations (Please Specify): _____

RESPIRATOR CLEARANCE (patients must be cleaned/shaven)

1. OSHA Respirator Questionnaire 2. Half Face Mask Fit 3. Full Face Mask Fit
4. PFT / Spirometry (Breathing) 5. CBC (Required for Benzene Clearance) 6. Benzene Questionnaire
Brand Name of Mask: _____ Clinic mask brands: (i.e. Scott, 3M, North, AOS, MSA, Etc.)

DRUG SCREENING (patients must bring valid picture identification)

Drug screen collection performed between 7:30 am and 4:00 pm

- Drug Test: DOT (If DOT, Specify Agency): FMCSA FAA FRA FTA PHMSA USCG
 Non-DOT Escreen MCup Rapid 5 Rapid 12
 Collection Only If applicable, please specify for: _____ (i.e. DISA, Pipeline Testing, Global, etc.)
EBT - Alcohol Test: DOT Non-DOT DISA

DRUG AND ALCOHOL TESTING REASON

1. Pre-Employment 2. Random 3. Reasonable Suspicion 4. Post Accident 5. Return to Work
6. Return to Duty 7. Follow Up 8. Other: _____

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