

Gretna Location
107 Wall Blvd. Ste A.
Gretna, Louisiana 70056
Phone: 504.433.5070
Fax: 504.433.5077

West Jefferson Industrial Medicine
Employer Authorization Form
www.wjimed.com
frontdesk@wjimed.com

Marrero Location
4475 Westbank Expressway Ste A.
Marrero, Louisiana 70072
Phone: 504.347.8471
Fax: 504.340.2885

Company: _____ 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 (<i>Hearing</i>) | 6. Agility Test (<i>Physical Demand Test</i>) | 7. Fingerprints: Digital Ink
(<i>Gretna Clinic Only</i>) | |
| 8. Back X-Rays: two views | four views | six views | |
| 9. Blood Work (<i>Please Specify</i>): | _____ | | |
| 10. Overseas injections / Immunizations (<i>Please Specify</i>): | _____ | | |

RESPIRATOR CLEARANCE (*patients must be cleaned shaven*)

- | | | |
|--|--|--------------------------|
| 1. OSHA Respirator Questionnaire | 2. Half Face Mask Fit | 3. Full Face Mask Fit |
| 4. PFT / Spirometry (<i>Breathing</i>) | 5. CBC (<i>Required for Benzene Clearance</i>) | 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: _____ | | |