



KVH Workplace Health | Employer Service Authorization

Patient/Employee Name _____ Date of Birth _____

Employer _____ Date of Service _____

- Type of Service
- Pre-employment
 - Fit for duty
 - Return to work
 - Work-related injury
 - Other _____

Substance abuse testing

Urine collection only:

Federal Non-Federal Rapid Result
Urine Drug Test

Breath alcohol test:

Federal Non-federal Other: _____

Reason for test:

Random selection Reasonable suspicion

Follow up Post-accident

Other: _____

DOT/Commercial Driver's License (CDL) exam

Initial Re-certification

Special examination(s)

- Annual
- Baseline
- Periodic
- Physical exam
- Medical surveillance
- HAZMAT/HASWOPER
- Asbestos monitoring

Other services

- Respirator mask fit test
- PPD testing
- Audiometry
- Other: _____

Special instructions: _____

Authorized by: _____

Print _____ Sign _____

Title _____ Phone _____