BUSINESS HEALTH PARTNERS

299 B Cities Service Hwy. • Sulphur, LA 70663
(337) 626-1011 • Fax (337) 310-1678 or 626-0656

DATE _____

COMPANY: _____ PO#: _____

EMPLOYEE NAME: _____

SS#: _____ POSITION: _____

REQUESTED BY: _____ CONTACT#: _____

REASON FOR TEST:
- ☐ PRE-ACCESS/ENTRY
- ☐ FOLLOW-UP
- ☐ RETURN TO WORK
- ☐ PRE-EMPLOYMENT
- ☐ RANDOM
- ☐ POST-ACCIDENT
- ☐ WORK EVALUATION
- ☐ REASONABLE CAUSE
- ☐ PERIODIC / ANNUAL
- ☐ OTHER _____

LAB TESTS
- ☐ SMAC / CBC (LIVER)
- ☐ CBC
- ☐ URINALYSIS
- ☐ BLODD LEAD / ZPP
- ☐ HEPATITIS ANTIBODY
- ☐ OTHER _____

FIT TEST
- ☐ QUANTITATIVE
- ☐ QUALITATIVE
- ☐ 1/2 FACE
- ☐ FULL FACE

BRAND OF MASK: _____

DRUG SCREENS
- ☐ 10 DRUG CONF.
- ☐ 5 DRUG CONF.
- ☐ DOT
- ☐ DOT COLL.
- ☐ NON DOT COLL.
- ☐ NON DOT URINE W/ALCOHOL
- ☐ OTHER _____
- ☐ QUICK TEST__2__5__9

PHYSICAL EXAM
- ☐ DOT PHYSICAL
- ☐ BASIC EXAM
- ☐ OTHER _____

OTHER SERVICES
- ☐ PULMONARY FUNCTION ☐ AUDIOMETRY ☐ EKG
- ☐ CHEST X-RAY ☐ (2 VIEW) ☐ (1 VIEW)
- ☐ LUMBAR SPINE (BACK) X-RAY ☐ (2 VIEW) ☐ (3 VIEW) ☐ (5 VIEW)
- ☐ BREATH ALCOHOL (EBT) ☐ VISION (TITMUS)
- ☐ IMMUNIZATION

(SPECIFY) _____

_____

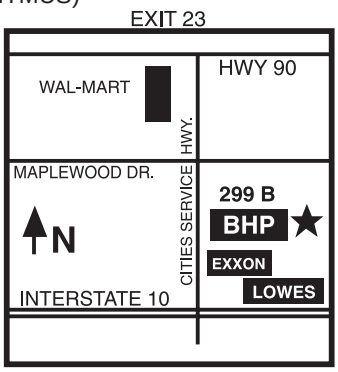
INJURY TREATMENT
- ☐ WORK RELATED INJURY

(SPECIFY) _____

_____

_____

DATE OF INJURY _____



Next door to **Climatrol**

Port 1590