



MyMedicalClinic


REFERRAL AND AUTHORIZATION

(651) 340-1445

**Walk-in Injuries
Welcome**

Please type or print in ink

EMPLOYEE NAME (LAST, FIRST, MI):		SHIFT/HOURS OF WORK:	DATE:
APPOINTMENT DATE (Physical Exams Only):	APPOINTMENT TIME (Physical Exams Only):	OTHER NOTATIONS:	
SUPERVISOR/REFERRED BY:		PHONE NUMBER:	FAX NUMBER:

 MyMedicalClinic	COMPANY NAME:
	ADDRESS:
	CITY/STATE, ZIP:

As a representative of the company indicated above, I hereby authorize My Medical Clinic Occupational Health Services to examine and treat, if necessary, the individual bearing this form. The company agrees to accept financial responsibility for this service.

SIGNATURE:

REASON FOR VISIT (Please check all that apply)

EXAMINATION Type & Position (call for appointment)

- DOT Examination (new hire)
- DOT Examination (recertification, every 2 years)
- NON DOT Physical

FITNESS FOR DUTY/RETURN TO WORK

OTHER:

URINE DRUG TESTING: Acct # MMC0006

Please circle one and check off circumstance: DOT NON-DOT

- | | |
|---|---|
| <input type="checkbox"/> Pre-employment | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Random | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Post Accident | <input type="checkbox"/> Return to Duty |

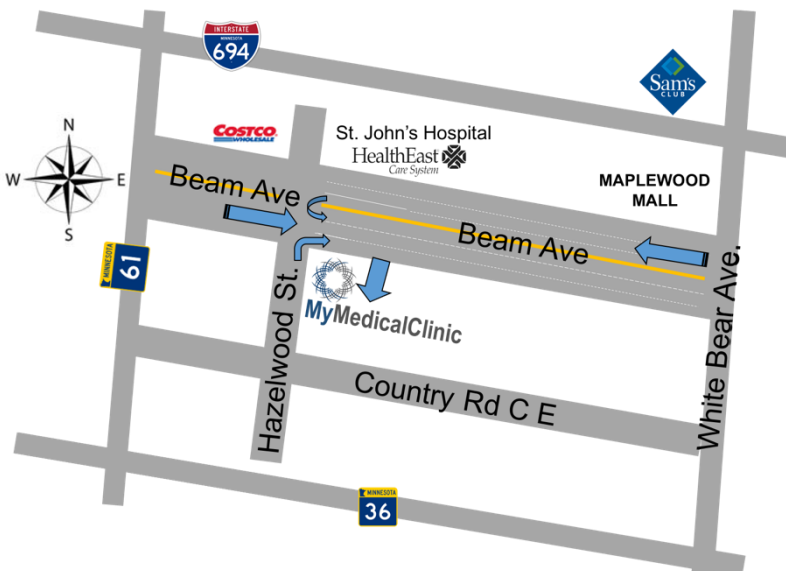
ALCOHOL TEST (if applies):

- BREATH ALCOHOL TEST (DOT)
- BLOOD ALCOHOL TEST (NON-DOT)

A Picture ID must be presented for Drug Test

INJURY/ILLNESS:

- WORK RELATED
- NON-WORK
- UNDETERMINED





MyMedicalClinic
Occupational Health Services
 1560 Beam Avenue
 Suite F
 Maplewood, MN 55109

Hours: 8:00 a.m. to 5:00 p.m.
 Monday - Friday

Scheduling Phone Number:
(651) 340-1445
 Fax Number:
 (651) 340-5421

www.MyMedicalClinicMN.com