

# Treatment Authorization

MyMichigan Health

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Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Greater Michigan Construction Academy \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized By: \_\_\_\_\_ Michelle Fairchild \_\_\_\_\_ Title: \_\_\_\_\_ Director of Admissions & Placement \_\_\_\_\_  
Phone: \_\_\_\_\_ (989)832-8879 \_\_\_\_\_ Fax: \_\_\_\_\_  
Print Name

## Appointment

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

\* Picture I.D. required. If you wear glasses, please bring them.

## Injury

Nature of Injury: \_\_\_\_\_ Injury Date: \_\_\_\_\_ / \_\_\_\_\_

## Physical Exam

- Pre-Employment Physical
- DOT Physical
- Expanded Physical
- Flight Physical (Gratiot Only)

## By Appointment Only

- Company Specific Physical and Functional Assessment
- Strength and Flexibility Assessment
- Fit for Duty Exam
- Other (please specify) \_\_\_\_\_

## Drug Testing

- Non - DOT Urine Drug Screen
- DOT Urine Drug Screen
- Hair Drug Collection
- Collect Only
- Non - DOT Breath Alcohol\*
- DOT Breath Alcohol\*
- Rapid Drug Test
- Other: \_\_\_\_\_

## Reason For Test

- Pre-employment
- Random
- Post - Accident
- Reasonable Suspicion/For Cause
- Return to Duty
- Follow Up
- Other: \_\_\_\_\_

## Respirator Fit Testing\*

- Respirator Fit Testing
- Respirator Medical Evaluation
- Respirator Questionnaire
- Mask Fit Only

## By Appointment Only

## Other Services

- Audiogram (OSHA hearing test)
- TB Test
- Hepatitis B Vaccine
- Vision Screening
- PFT \* Not Houghton Lake
- L.S. Spine X-ray \_\_\_\_\_ View
- Other: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Original - Medical Record

Revised 11/16/2022



\* E M R 0 3 7 8 8 \*

Occupational Health

**Email Results To:**  
**[mfairchild@gmcaml.org](mailto:mfairchild@gmcaml.org)**