UNIVERSITY OF MICHIGAN
HEALTH-SPARROW
MICHIGAN MEDICINE

OCCUPATIONAL HEALTH SERVICES

PLEASE NOTE OUR NEW LOCATION **1004 E. Michigan Avenue, Lansing, MI 48912**
Phone: 517.364.3900, Option 1 | Fax: 517.364.3914 | SparrowOHS@UMHSparrow.org

Business Hours: Monday – Friday, 7:00am to 4:30pm

EMPLOYER AUTHORIZATION FOR SERVICES

Employee Name: _____ DOB:_____

Employer:_____Phone:_____

Address:_____

Physical Exam - Appointment Required (bring eyeglasses and/or contact lenses and case)

Job Title/Duties: _____

Post-offer/Pre-hire	☐	DOT—new hire	☐	MCOLES	☐
Annual	☐	DOT—recert	☐	Fitness for Duty	☐
Respirator Clearance	☐	Hazmat	☐	Return to Work	☐

Other/Special instructions:

Drug and Alcohol Testing (photo identification required)

Reason for Test:

Pre-hire ☐ Random ☐ Post accident ☐ Reasonable Suspicion ☐ Return to duty ☐ Follow Up ☐ Other ☐

☐ DOT Urine Drug Screen	☐ Urine Drug Screen	☐ Rapid Drug Test Panel:	Select the Rapid Panel Needed: ☐4 ☐5 ☐9 ☐10 ☐11
☐ DOT Collection Only	☐ Hair Testing	☐ Oral Fluid Test	
☐ DOT Breath Alcohol	☐ Breath Alcohol	☐ Collection Only	

Screening/Immunization

☐ Audiogram (No Analysis)	☐ TB Test (PPD)	☐ Respirator Questionnaire
☐ Audiogram w/Analysis (OSHA)	☐ Vaccination: _____	☐ Respirator Fit Test (No Beards)
☐ EKG	☐ Titer(s): _____	☐ Pulmonary Function Test (PFT)
☐ Vision Screen	☐ Quantiferon TB Test	☐ Chest X-ray

☐ Other: _____

Special Instructions:

I request and authorize the above-named employee to receive the service from University of Michigan Health-Sparrow **and I further understand that my company will be financially responsible for any and all authorized services.**

Supervisor Signature: _____

Printed Name:_____ Date: _____

Contact Phone Number:_____ Contact Email: _____