WORKFORCE Health
Your Solution for a Healthy Business

Authorization Form

LA PORTE
311 Boyd Blvd.
La Porte, IN 46350
219-326-2664
Fax 219-326-2653
8 a.m. – 5 p.m. (CST)

PORTAGE
3630 Willowcreek Road
Portage, IN 46368
219-364-3550
Fax 219-364-3559
7:30 a.m. – 4 p.m. (CST)

SOUTH BEND
19567 Cleveland Road
South Bend, IN 46637
574-277-7600
Fax 574-277-7690
8 a.m. – 4:30 p.m. (EST)

VALPARAISO
1251 Eastport Centre Drive
Valparaiso, IN 46383
219-462-9205
Fax 219-462-9526
8 a.m. – 5 p.m. (CST)

NOTE

If after hours, Workforce Health works closely with the urgent cares and emergency rooms for both the Porter Regional Hospital and La Porte Hospital systems; and in many cases they are familiar with your company and your protocols. If one of those facilities is convenient, we encourage you to use them for your after hour injury care. Otherwise, use your local urgent care or emergency room. All follow-up care can be provided at one of our convenient Workforce Health clinics.

Company _____ Date _____

Employee/Applicant _____ Job Title _____

Visit Authorized by (PRINT) _____ Job Title _____

Phone _____ Fax _____

Authorized Signature _____

By my signature above, I authorize Workforce Health to see the above employee/applicant. If this is a work-related injury visit, I am authorizing Workforce Health to diagnose and treat this individual with such medical and surgical services as may be necessary to provide proper care subject to the provision of Indiana law.

PURPOSE FOR VISIT (Select one only)

- ❑ Pre-employment/post-offer
- ❑ Random
- ❑ Follow-up/surveillance
- ❑ Post-accident/injury
- ❑ Reasonable cause
- ❑ Annual/periodic

SERVICE(S) REQUESTED (Select all that apply. *Picture ID required for all drug/alcohol tests)

❑ Treatment of New Injury (Date of Injury: ____/____/____; Nature of Injury: _____)

- ❑ DOT Drug Screen*
- ❑ Non-DOT Drug Screen*
- ❑ Drug Screen, collection only*
- ❑ Breath Alcohol – DOT*
- ❑ Breath Alcohol – Non-DOT*
- ❑ Physical
- ❑ DOT/CDL Physical
- ❑ Return-to-Work Physical
- ❑ Fitness-for-Duty Evaluation
- ❑ Essential Function Screening
- ❑ Respirator Clearance
- ❑ Pulmonary Function/Spirometry
- ❑ Audiogram
- ❑ PPD (TB test)
- ❑ Other: _____

If your company does not have a protocol on file, please indicate if drug and alcohol testing is required.

Special instructions: _____

REMINDER: PLEASE FOLLOW UP WITH WORKFORCE HEALTH IF ER OR URGENT CARE IS USED.