

Employer Authorization for Care

Date / Time: _____ Company: _____

Phone: _____ Supervisor signature: _____

I hereby authorize _____
to receive medical attention as indicated below.

Position: _____

Apts. Available M-F until 5:00 pm

Exams

- | | |
|---|--|
| <input type="checkbox"/> Preplacement Basic exam only | <input type="checkbox"/> Surveillance (HazMat) |
| <input type="checkbox"/> Combined Preplacement & DOT exam | <input type="checkbox"/> Respirator Clearance |
| <input type="checkbox"/> DOT Certification | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DOT Recertification | |

Alcohol & Urine Drug Testing (Photo ID Required)

- | | |
|---|---|
| <input type="checkbox"/> DOT or Federally regulated | Reason for Test |
| <input type="checkbox"/> Urine Drug Collection | <input type="checkbox"/> New Hire |
| <input type="checkbox"/> Breath Alcohol | <input type="checkbox"/> Random |
| <input type="checkbox"/> Both | <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Non-DOT or Non Fed. | <input type="checkbox"/> Post Accident |
| <input type="checkbox"/> Urine Drug Collection | <input type="checkbox"/> Return to Duty |
| <input type="checkbox"/> Blood Alcohol | <input type="checkbox"/> Follow up testing |
| <input type="checkbox"/> Breath Alcohol | <input type="checkbox"/> Other _____ |

Federal Regulated DOT Drug Screens Unavailable at Blaine Medical Center

Work-Related Injury / Illness

Type of injury / illness _____ Date of injury _____

Workers Compensation Insurance: _____ Phone: _____

<p>ROSEVILLE MEDICAL CENTER 1835 County Rd. C West Roseville, MN 55113</p> <p>Corner of Cty. Rd. C and Fairview 763-785-4500</p> <p>M, W, & Th... 7:30 am – 8:00 pm Tues & Fri... 7:30 am – 5:00 pm</p>
--

<p>FRIDLEY MEDICAL CENTER 480 Osborne Rd. NE Fridley, MN 55432</p> <p>Across from Unity Hospital 763-785-4500</p> <p>M-F... 8:00 am – 8:00 pm Sat... 8:00 am – 12:00 Noon</p>
--

<p>BLAINE MEDICAL CENTER 11855 Ulysses St. NE Blaine, MN 55434</p> <p>117th Ave. NE – off Hwy 65 763-785-4500</p> <p>M-Fri... 8:00am – 8:00 pm</p>
--

SERVICES MAY VARY BY SITE

DRUG SCREEN COLLECTION AVAILABLE 8:00 AM - 5:00 PM Monday – Friday

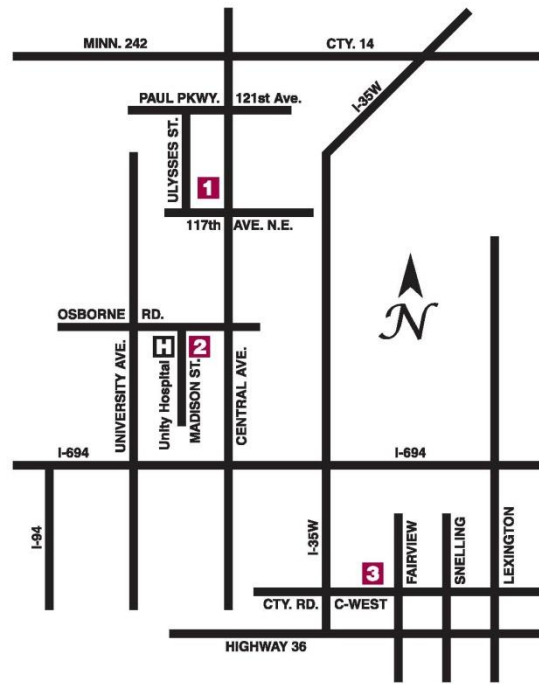
MULTICARE ASSOCIATES

MEDICAL CENTERS



- 1 Blaine Medical Center**
- 2 Fridley Medical Center**
- 3 Roseville Medical Center**

763.785.4500



Welcome to Multicare Associates Clinics!

Today you will undergo an occupational health physical exam.

This may be a pre-placement exam, a DOT exam, or an exam for another purpose.

To orient you to the process we have prepared this information.

To begin you will be asked to complete some forms, which will vary depending on the type of exam.

You may also undergo some laboratory tests, urine tests, breathing or hearing evaluations.

In the exam room your provider will review your health history and/or tests with you.

For the physical exam, you may be asked to disrobe to your undergarments. A gown will be provided, and/or an attendant as indicated. The specifics of the exam may change depending on the purpose, but the standard components include the following:

- o Eyes, ears, nose, throat
- o Neck and thyroid
- o Heart & lungs
- o Abdomen including hernia check
- o Spine, joints and muscles
- o Neurologic system

Preventive health tests, such as cholesterol, pelvic, breast and rectal evaluations are not included, so these should still be scheduled with your regular physician.

We recommend the day of your physical you:

- o Limit your caffeine use
- o Take your regular medications on time
- o Come rested for your exam
- o Complete any paperwork given to you before arriving at the clinic.

For DOT exams if you have any of the medical conditions listed, please take note of the following DOT requirements.

On Medication: Bring a list of your current medications.

Heart Disease: If an exercise stress test is required bring in the test results.

Diabetes: Be compliant in taking your medications.

Visit your primary care medical provider as directed.

Bring a copy of your latest A1C lab test.

Diabetics on insulin must be granted an exemption directly from the federal Diabetes Exemption Program. The medical examiner cannot grant this exemption

Obstructive Sleep Apnea: Be Compliant with CPAP use and bring in a printed diary of your last 3 months of use.

High Blood Pressure: Be compliant in taking your medications.

Check to see that your blood pressure is well managed.

Your blood pressure must be lower than 140/90.

We cannot list all situations; these are the most common issues that arise. If you have any questions, please ask your nurse or provider. We hope this information is helpful.