STRADA
OCCUPATIONAL HEALTH

AUTHORIZATION FOR EXAMINZATION, TREATMENT, OR TESTING

Patient Name: _____ SSN: _____

Employer: _____ DOB: _____

Physical Examination

☐ Preplacement ☐ Annual ☐ Exit
☐ DOT ☐ Recertification
☐ Fit for Duty ☐ HazMat

Work Related

☐ Injury

_____ Date of Injury / Illness

Drug & Alcohol Testing (Check all that apply)

☐ DOT Drug Screen ☐ Collection Only
☐ Non DOT Screen ☐ Breath Alcohol
☐ Instant (Rapid) ☐ Other

Reason for Drug Testing

☐ Pre-Placement ☐ Random
☐ Reasonable Cause ☐ Post Accident
☐ Post Injury ☐ Other

Special Testing

☐ Spirometry ☐ Audiogram ☐ Vision
☐ Other _____

Special Instructions/Comments _____

_____

Date: _____ Time: _____ Company Phone #: _____

Authorizing Individ- _____ Company Contact: _____

STRADA
OCCUPATIONAL HEALTH

Scan for Address & Directions

Address
8630 F Street
Omaha, NE 86127

Hours
8:00am - 5:00pm

Contact
402.898.5600 (office)

402.898.5605 (fax)

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