



REQUEST FOR POST-ACCIDENT MEDICAL CARE AND/OR DRUG OR ALCOHOL TESTING

Please acknowledge this form as authorization to perform the following services for our employee:

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drug Testing Services:

- Quick list of drug testing services including Rapid 5 Panel Test, SAP - 5, Collection Only, Breath Alcohol Testing (B.A.T.), Rapid 10 Panel, D.O.T. Mandated, and SAP - 10 Panel.

Work Related Injuries:

Date of injury/occurrence: \_\_\_\_\_ Time of injury: \_\_\_\_\_:\_\_\_\_\_ am/pm

Description of injury: \_\_\_\_\_

Job Title: \_\_\_\_\_

Do you suspect that injury could have been caused by impairment?  Yes  No

Company Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee: This form shall be given to medical provider at time of visit. After your medical visit, return Illness/Injury Report to your supervisor.

For questions, please contact the Occupational Medicine department at (217) 383-3077 or Amy Cathorall at (217) 383-6730 or (217) 369-0210.

PLEASE FAX THIS FORM TO LOCATION PERFORMING SERVICE.

Carle Occupational Medicine Fax numbers:

- Urbana (217) 326-0270 or (217) 326-0274
Rantoul (217) 893-7801
Danville (217) 431-7786
Mattoon/Charleston (217) 258-7594