

## MARTIN COUNTY SHERIFF'S OFFICE

EMPLOYEE HEALTH CENTER | EMPLOYER AUTHORIZATION FOR EMPLOYEE HEALTH CENTER

### MARTIN COUNTY SHERRIFF'S OFFICE

Employer

\_\_\_\_\_  
Today's Date

**BILLING ADDRESS:** MCSO - 800 SE Monterey Rd. Stuart, FL 34994

Fax/mail reports to: **Aimie Pieper** or **Yolanda Bills** Fax: **772-220-7110** Phone: **772-220-7005**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date of Birth

#### CHECK ALL SERVICES REQUESTED:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Periodic/Annual Physical | <input type="checkbox"/> Pre-Placement Physical Exam | <input type="checkbox"/> Complete Vision Exam |
| <input type="checkbox"/> DOT Physical Exam        | <input type="checkbox"/> Spirometry                  | <input type="checkbox"/> Audiometry           |
| <input type="checkbox"/> PPD "TB" Test            | <input type="checkbox"/> Respiratory Fit Testing     | <input type="checkbox"/> EKG                  |
| <input type="checkbox"/> Chest X-Ray              | <input type="checkbox"/> Lumbar Spine X-Ray          |   |

#### IMMUNIZATIONS:

- |                                      |                                  |                                       |
|--------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Tetanus | <input type="checkbox"/> FLU          |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> MMR     | <input type="checkbox"/> Other: _____ |

#### LAB TESTS:

- |  |  |   |
|--|--|---|
| Blood:   | <input type="checkbox"/> Hepatitis A Titer | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Collection ONLY               | <input type="checkbox"/> Hepatitis B Titer |   |
| <input type="checkbox"/> Comprehensive Metabolic Panel | <input type="checkbox"/> Hepatitis C Titer |   |
| <input type="checkbox"/> PSA                           | <input type="checkbox"/> Lipid Profile     | Urine:                                      |
| <input type="checkbox"/> Varicella Titer               | <input type="checkbox"/> CBC               | <input type="checkbox"/> Urine Dip (DOT/PE) |
| <input type="checkbox"/> Rubeola Titer                 | <input type="checkbox"/> Rubella Titer     | <input type="checkbox"/> Urinalysis (Micro) |

**DRUG TESTING – URINE DRUG SCREEN** (type and reason check both)  Non-Observed  Observed

Type:  DOT  Non DOT  HRS for Florida Drug Free Workplace  
Reason:  Pre-Placement  Random  Post-Accident  For Cause  Other: \_\_\_\_\_

#### ALCOHOL TESTING:

- EBT "Breath Alcohol"  Blood Alcohol