Mercy Occupational Health
269 N. First Ave, Suite 102
Iowa City, Iowa 52245
Phone: 319-339-3921 Fax: 319-339-3858

MERCY IOWA CITY | An Affiliate of MERCYONE

Employer Request for Examination

Appointment Date: _____ Time: _____

Employee/Patient Name: _____ Date of Birth: _____/_____/_____

Company Name: _____

Company Contact Name: _____ Phone: _____

PHOTO ID REQUIRED – In the event that your employee presents to Mercy Occupational Health without a valid government or employer issued photo ID, you will be contacted and asked to send a Supervisor or Human Resource representative, whom also must have a valid photo ID, to verify the identity of your employee.

Drug and Alcohol Testing

- ☐ Urine Drug Screen Collection
- ☐ DOT (FTA, FAA, FRA, USCG)
  5 panel standard test
- ☐ Pre-Employment/Post Hire
- ☐ Random
- ☐ Reasonable Suspicion
- ☐ Follow-Up
- ☐ Return to Work
- ☐ Breath Alcohol Testing
- ☐ Non DOT
- ☐ Standard test (Lab results)
- ☐ Rapid Test
  - ☐ 5/6 panel
  - ☐ 9-10 panel

Employer/OSHA Required Evaluations

Please circle:

Pre-Employment/Post-Hire Physical

DOT Medical Exam

Initial Re-Certification Follow-Up

Periodic/Surveillance Exam

Asbestos Lead Testing Cadmium Heavy Metals Haz-Mat

Return to Work Exam

Fit for Duty Exam

Other (please specify)_____

Please circle additional testing below:

Audiogram	Urine Dip	Tetanus	Blood Draw for Laboratory:
Pulmonary Function Test		Hepatitis B	_____
Respirator Fit Testing	Snellen Vision	Hepatitis A	_____
EKG	Color Vision	MMR	_____
Chest X-Ray	B Read Chest X-Ray	Titmus Vision	_____
TB Skin Test	TSPOT	TB Quantiferon Gold	

Lift Evaluations are provided by Progressive Rehabilitation

Other (please specify) _____

******I authorize Mercy Occupational Health to perform the requested testing as indicated on the above-named employee. I understand that my company is responsible for payment of these charges with-in 30 days of services rendered.**

Authorized Company Representative_____ **Date:** _____/_____/_____