Company Profile

Today's Date: _____

Company Name: _____

Physical Address: _____

Billing Address (if different than above): _____

_____

Phone: _____ Fax: _____

Number of Employees: _____

Company DER(Designated Employer Rep)Information

First Contact's Name: _____ Phone: _____

Email: _____ Preferred Method of Contact: ___ EMAIL ___ PHONE

Second Contact's Name: _____ Phone: _____

Email: _____ Preferred Method of Contact: ___ EMAIL ___ PHONE

Billing Information

Billing Contact: _____ Phone: _____

Email: _____ Preferred Method of Contact: ___ EMAIL ___ PHONE

Send billing to: ___ COMPANY ___ THIRD PARTY

Third Party Administrator Information (if applicable)

Name: _____ Phone: _____

Mailing Address: _____

ONSITE SAFETY SOLUTIONS

Company Profile

Services

Which program does your company offer? (check all that apply)

___ Pre-Employment
___ Random
___ Post-Accident
___ Reasonable Cause/Suspicion
___ Return to Work
___ CDL
___ CDL Requirement
___ Family Services

Physicals (check all that apply)

___ DOT Physical (with or without CDL)
___ Non-DOT Physical
___ United States Coast Guard Physical
___ MEO (Motorized Equipment Operator) Physical
___ School Bus Driver Physical
___ HAZMAT Physical
___ School Entrance Physical
___ Sports Physical
___ Respirator Physical
___ Foster Parent/DHR Physical
___ Fitness for Duty (concern with current employees ability to perform job)
___ Return to Work (employee out of work for related or unrelated issue)

Screening/Monitoring (check all that apply)

___ Audiometric Hearing Test
___ Spirometry Pulmonary Function Test
___ Respirator Mask Fit Test - Qualitative
___ Respiratory Questionnaire/Medical Exam
___ Vision Screening (Snellen, Ishihara, and/or Jaeger)
___ Cerumen Impaction Removal (Ear wax)
___ Hemoglobin A1c (performed in-house)
___ Grip Strength Test
___ Lift Test
___ Chest X-Ray with or without B-Read (performed offsite)
___ TB Skin Test
___ Vaccinations
___ Biometric Screening

Company Profile

Services continued

Substance Abuse/Use Screening (check all that apply)

___ Urine Drug Screen
___ Oral/Saliva Drug Screen
___ Hair Follicle Drug Screen
___ Breath Alcohol Test (EBT)
___ Blood Drug Test

Do you want your non-DOT urine/oral/saliva test to have a rapid result? ___ YES ___ NO

It is our company policy to send out any "non-negative" rapid test to an offsite laboratory for further analysis and result.

Does your company's drug program state to **exclude** THC (marijuana)? ___ YES ___ NO

Please see the *Panel Options* form to select which drug panel best fits your drug program policy.

Panels (check all that apply)

___ 4 Panel (excludes THC)
___ 5 Panel (DOT panel)
___ 6 Panel
___ 9 Panel (excludes THC)
___ 10 Panel
___ 12 Panel

Notes: _____

_____

Are you interested in after-hours services? ___ YES ___ NO
Are you interested in ONSITE services? ___ YES ___ NO

Panel Options

5 Panel (U,S)
- Amphetamines
- Cocaine
- Cannabinoids
- Opiates
- Phencyclidine (PCP)

6 Panel (U,S)
- Amphetamines
- Cocaine
- Cannabinoids
- Opiates
- Phencyclidine (PCP)
- Benzodiazepines

10 Panel (U,S,H)
- Amphetamines
- Cocaine
- Cannabinoids
- Opiates
- Phencyclidine (PCP)
- Benzodiazepines
- Barbiturates
- Methadone
- MDMA
- Oxycodone

12 Panel (U,S)
- Amphetamines
- Cocaine
- Cannabinoids
- Opiates
- Phencyclidine (PCP)
- Benzodiazepines
- Barbiturates
- Methadone
- MDMA
- Methaqualone
- Oxycodone
- Propoxyphene

The below panels *exclude* THC – Only available for Non-DOT test

4 Panel (U)
- Amphetamines
- Cocaine
- Opiates
- Phencyclidine (PCP)

9 Panel (U)
- Amphetamines
- Cocaine
- Opiates
- Phencyclidine (PCP)
- Benzodiazepines
- Barbiturates
- Methadone
- MDMA
- Oxycodone

Key

U: Urine
H: Hair
S: Saliva