

Belhaven Occupational Health Services

1200 N. State Street Suite LL10
Jackson, MS 39202

Telephone: 601-362-7280

Fax: 601-714-6421

Company _____ Date _____

Employee _____ Phone _____

Authorized by _____ Title _____

Phone _____ Fax _____

Please Service

1. Worker's Compensation Injury

_____ DOT _____ Non-DOT _____ Treatment
_____ Post Accident BAT _____ Post Accident Drug Screen

2. Physical

_____ DOT _____ Non-DOT

3. Reason for Drug Screen

_____ Pre-Hire _____ Random _____ Post Accident _____ Follow-Up
_____ Return to Duty _____ Reasonable Suspicion

4. Urine Drug Screen Collection Only

_____ Baptist COC _____ Company COC

5. Drug Screen

_____ DOT _____ Hair
_____ Non-DOT Please circle Panel: 5 7 8 10
_____ Rapid / Instant Please circle Panel: 5 7 8 10

6. Breath Alcohol Test

_____ DOT _____ Non-DOT

7. Other

__ Audiogram __ EKG __ Nicotine __ PFT __ Quantiferon __ TB Skin Test __ Vision

__ Lab (specify) _____

__ X-ray (specify) _____

__ Vaccine (specify) _____

__ Instructions _____

Office Use Only _____ Telephoned Request _____ Employee Presented _____ Belhaven Staff Initials _____