



**UNIVERSAL SERVICE REQUEST FORM**

Please call the contact if the appointment is a no-show.

**EXAM DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Employee Information**

\_\_\_\_\_  
Name SSN DOB

**Employer Information**

\_\_\_\_\_  
Employer Authorized by

\_\_\_\_\_  
Contact Person

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

**Physical Examinations:**

- |                            |                                |
|----------------------------|--------------------------------|
| Pre-employment examination | Driver certification (CLD/DOT) |
| Annual physical exam       | Pre-placement Recertification  |
| Work injury illness        |                                |

**Drug Testing (type):**

(Must bring photo ID)

- Urine drug screen
  - DOT Non-DOT
- Breath alcohol test
  - DOT Non-DOT
- Hair collection
- Rapid urine drug screen
  - "5-panel" "9-panel"

**Reason for Testing:**

- Pre-placement
- Random
- Post-accident
- Follow-up
- Reasonable suspicion
- "10-panel"

**Ancillary Testing:**

- Pulmonary function test
- Hearing test (audiogram)
- PPD/Skin test 1-step 2-step
- Other test: \_\_\_\_\_

**PLEASE NOTE: EMPLOYEES UNDER THE AGE OF 18 MUST HAVE PARENTAL CONSENT.**