

Employer Authorization Form

For appointments, call 815.759.4224
Scheduling hours: Monday - Friday, 8:00 am - 4:30 pm

This form may be faxed to respective location,
see reverse side for fax number, or may be
submitted by employee at time of service.

EMPLOYER INFORMATION

Company Name _____
Company Address _____
Designated Employer Representative _____
Company Phone Number _____

EMPLOYEE INFORMATION

Employee Name _____ Date of Birth _____
Job Title _____

APPOINTMENT INFORMATION

Appointment Date _____ Appointment Time _____
Authorized by (Print Name) _____
Authorized by (Signature) _____
Phone _____

SERVICE REQUESTED

NOTE: PHOTO ID IS REQUIRED. EXAMINEE SHOULD BRING CORRECTIVE LENSES/HEARING AIDS IF TYPICALLY WORN.

INJURY	PHYSICAL EXAMINATION	DRUG AND ALCOHOL	OTHER SERVICES
Date of Injury _____ Time of Injury _____ Employed by Staffing Agency? <input type="checkbox"/> NO <input type="checkbox"/> YES Staffing Agency Name _____	Reason <input type="checkbox"/> Pre-Employment/ Baseline <input type="checkbox"/> Annual/Renewal/ Periodic Physical Type <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT <input type="checkbox"/> School Bus <input type="checkbox"/> Respirator <input type="checkbox"/> Return to Work <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Other _____ Physical Also Includes <input type="checkbox"/> Pre-Work Screen <input type="checkbox"/> Respirator Certification	Reason <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident/Incident <input type="checkbox"/> Post-CDL MVA <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return to Work <input type="checkbox"/> Follow-up Drug Screen <input type="checkbox"/> 4-Panel <input type="checkbox"/> 5-Panel <input type="checkbox"/> 9-Panel <input type="checkbox"/> 10-Panel <input type="checkbox"/> Rapid <input type="checkbox"/> Lab-Based <input type="checkbox"/> 5-Panel Lab-Based Hair DOT Testing Agency <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG Collection <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT <input type="checkbox"/> Hair Alcohol Breath Test <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT	<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> TB Test - 1 Step <input type="checkbox"/> TB Test - 2 Step Labs <input type="checkbox"/> TB Quantiferon Gold <input type="checkbox"/> Hepatitis B Surface Antibody <input type="checkbox"/> Mumps, Titer <input type="checkbox"/> Rubella, Titer <input type="checkbox"/> Rubeola, Titer <input type="checkbox"/> Varicella, Titer <input type="checkbox"/> Other _____ Immunizations <input type="checkbox"/> Hepatitis B Injection #1 <input type="checkbox"/> Hepatitis B Injection #2 <input type="checkbox"/> Hepatitis B Injection #3 <input type="checkbox"/> Varicella Injection #1 <input type="checkbox"/> Varicella Injection #2 <input type="checkbox"/> MMR Injection #1 <input type="checkbox"/> MMR Injection #2 <input type="checkbox"/> Flu Injection <input type="checkbox"/> TDap Injection

Northwestern Medicine Occupational Health Locations

For scheduling appointments
815.759.4224

For customer service or sales
815.334.3815

NM Occupational Health Huntley

10350 Haligus Road
Huntley, Illinois 60142

Phone: 815.759.4224, press 3

Fax: 847.802.7112

Hours: Monday-Friday, 8 am-4 pm

NM Occupational Health McHenry

4309 Medical Center Drive
Suite B300

McHenry, Illinois 60050

Phone: 815.759.4224, press 1

Fax: 815.363.0136

Hours: Monday-Friday, 7 am-5 pm

NM Occupational Health Woodstock

3701 Doty Road
Woodstock, Illinois 60098

Phone: 815.759.4224, press 2

Fax: 815.334.3820

Hours: Monday-Friday, 8 am-4 pm

AFTER HOURS, PLEASE USE EMERGENCY DEPARTMENTS:

NORTHWESTERN MEDICINE HOSPITAL-HUNTLEY

10400 Haligus Road
Huntley, Illinois 60142
Phone: 224.654.0100

NORTHWESTERN MEDICINE HOSPITAL-MCHENRY

4201 Medical Center Drive
McHenry, Illinois 60050
Phone: 815.344.5000

NORTHWESTERN MEDICINE HOSPITAL-WOODSTOCK

3701 Doty Road
Woodstock, Illinois 60098
Phone: 815.338.2500

When directing employees to Emergency Departments, please use required authorization forms. We cannot perform drug and alcohol tests without proper authorization.

Holidays hours may vary, please call location for more information.