

DOCTORS PARK
Occupational Medicine

710 S. Lincoln Road Suite 800
Escanaba, MI 49829
Ph: 906-786-0440 • Fax: 906-789-8799



AUTHORIZATION FOR DRUG SCREENING

BELL
Occupational Medicine

901 Lakeshore Drive Suite 106
Ishpeming MI, 49849
Phone: 906-485-2267 Fax: 906-485-2759

COMPANY INFORMATION
Company Name:
Address:
Phone Number:

DESIGNATED EMPLOYEE REPRESENTATIVE (DER) INFORMATION
DER Name:
DER Phone Number:
Fax Number/Email:

Must check **ONE** box in **REASON FOR TESTING** section before proceeding

REASON FOR TESTING

☐	Pre-placement (formally pre-employment)
☐	Return to Duty
☐	Random
☐	Follow-up
☐	Reasonable Suspicion/Cause
☐	Post Accident
☐	Other (specify) :

Please choose between **DOT** and **NON DOT** substance abuse testing

DOT (REGULATED)		
AGENCY	☐	FMCSA
	☐	FAA
	☐	FRA
	☐	FTA
	☐	PHMSA
	☐	USCG
CUSTODY & CONTROL FORM	☐	Occupational Medicine to supply
	☐	Employer to supply (Employee will bring CCF with to apt.)
SPECIMEN COLLECTION	☐	Urine
	☐	BAT (Breath Alcohol Test)
OBSERVATION	☐	Observation requested
	☐	No Observation

For Employee:
URINE TEST: If you are required to give a urine specimen for a drug test as part of a physical examination DO NOT URINATE just before arriving
ALCOHOL TEST: Avoid eating, drinking or putting ANYTHING in your mouth 15 minutes before test

NON DOT (NON-REGULATED)		
CUSTODY & CONTROL FORM	☐	Occupational Medicine to supply
	☐	Employer to supply (Employee will bring CCF with to apt.)
SPECIMEN COLLECTION	☐	Urine Rapid (In-House)
	☐	5-Panel
	☐	9-Panel
	☐	10-Panel
	☐	Urine Send Out
	☐	Panel Requested: _____
	☐	Hair
	☐	Panel Requested: _____
☐	Saliva	
☐	Panel Requested: _____	
☐	Blood	
☐	Panel Requested: _____	
☐	BAT (Breath Alcohol Test)	
OBSERVATION	☐	Observation requested
	☐	No Observation

Instructions: Please email completed Authorization Form to BellOccMed@lifepointhealth.net for Ishpeming location OR occmed@mghs.org for Escanaba location

AUTHORIZED BY (Name/Title) : _____

AUTHORIZED BY (Signature) : _____

Date: _____

*Have employee bring a valid Photo ID