

DOCTORS PARK
Occupational Medicine

710 S. Lincoln Road Suite 800

Escanaba, MI 49829

Ph: 906-786-0440 • Fax: 906-789-8799



AUTHORIZATION FOR EXAM/TREATMENT

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:	

TYPE	AUTHORIZED	SERVICE
PHYSICAL EXAMINATIONS	☐	No Physical Exam
	☐	Pre-placement Physical
		Job title: _____
		<i>*Please attach job description</i>
	☐	DOT Examination
	☐	New
	☐	Recertification
	☐	Medical Surveillance (HAZMAT exam)
	☐	Initial
	☐	Periodic/Annual
		Exit
		Exposure type:

Must check **ONE** box in **PHYSICAL EXAMINATIONS** section before proceeding

RESPIRATORY	☐	OSHA Respirator Questionnaire Clearance
	☐	Respirator Fit Testing (Qualitative)
	☐	Spirometry/Pulmonary function test
	☐	Peak Flow Meter
VISION	☐	Snellen (Distance)
	☐	Near
	☐	Titmus (Distance/Near/Peripheral/Depth/Color - 6 plates)
	☐	Ishihara (Color - 14 plates)
	☐	Intermediate
	☐	Peripheral
	☐	Depth Perception
	☐	Hardy Rand Ritter
HEARING	☐	Audiogram
	☐	Forced Whisper
	☐	Cerumen Removal
POINT OF CARE	☐	Urine Dip
	☐	Fingerstick Glucose

AUTHORIZED BY (Name/Title) : _____

AUTHORIZED BY (Signature) : _____

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

TYPE	AUTHORIZED	SERVICE
EKG	☐	12-Lead EKG
	☐	12-Lead EKG with Cardiology Interpretation
LIFT ASSESSMENT	☐	In-Office 30lbs
	☐	In-Office 50lbs
	☐	Physical therapy (must have job description)
RADIOLOGY	☐	Chest X-ray 1 View
	☐	Chest X-ray 1 View with B-Read
	☐	Chest X-ray 2 View
	☐	Lumbar spine X-ray
	☐	Other:
LABS	☐	CBC w/ Diff
	☐	CMP
	☐	Coronary Risk Panel (Lipid panel)
	☐	TSH
	☐	Heavy Metal Panel (Lead, Mercury, Arsenic, and Cadmium)
	☐	Collection Only (Venipuncture/Send out)
	☐	Urine with Microscopy
	☐	Other:
TITERS	☐	Hepatitis B Antibody (Quantitative)
	☐	MMR
	☐	Varicella
	☐	TB QuantiFERON Gold
	☐	TB Skin test (1 Step)
	☐	TB Skin Test (2 Step)
IMMUNIZATIONS	☐	Hepatitis B Series or Booster
	☐	MMR
	☐	Varicella
	☐	Tetanus
	☐	Tdap
	☐	Influenza
	☐	COVID

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

Date: _____

*Have employee bring a valid Photo ID