|  |
| --- |
| *(MUST PRESENT PHOTO ID AT TIME OF SERVICE)* |

|  |  |
| --- | --- |
| Patient Name: |  |

|  |  |
| --- | --- |
| Company Name: | Texas State University |

|  |  |  |
| --- | --- | --- |
| Location: | San Marcos | Round Rock |

|  |  |
| --- | --- |
| Street Address: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **All sections below are to be completed by Concentra personnel:** | | | | | | |
| **Work-Related:** | | | Injury | Illness | **DOT Physical**  Preplacement  Recertification  Exit  Audiogram  Regulated Drug Screen  Urine Collection Only  Breath Alcohol | |
| Post-Accident Substance Abuse Testing: | | | | |
| Drug Screen | | | | |
| Breath Alcohol | | | | |
| Drug Screen and Breath Alcohol | | | | |
| Urine Collection Only | | | | |
|  | | | | |
| DOT Regulated | | | | |
| Non-regulated | | | | |
| **Pre-Placement Evaluation** | | | | | **Substance Abuse Testing**  Regulated  Non-regulated  Urine Collection Only  Rapid Test  Pre-placement  Reasonable Suspicion  Random  Periodic  Post-accident  Follow-up | |
| Job Title: | |  | | |
| Physical Exam | | | | |
| HPE | | | | |
| Regulated Drug Screen | | | | |
|  | | | | |
| Non-regulated Drug Screen | | | | |
| Urine Collection Only | | | | |
| Hair Collection | | | | |
| Audiogram | | | | |
| **Special Physical Examinations**  Asbestos  Respirator  Hazmat  Baseline   |  |  | | --- | --- | | Other |  | | | | | | **Billing**  Employee to pay charges at time of service  Workers’ Compensation   |  |  |  | | --- | --- | --- | | Insurance Co: | |  | | Policy #: |  | | | Phone #: |  | | | |
| Authorized By: | | |  | | Title: |  |
| Phone: |  | | | | Date: |  |
|  | | | | | | |