Grand View Hospital Campus
4 Lifemark Drive
Sellersville, PA 18960
P: 215.453.4941 | F: 215.453.4719

GVH GRAND VIEW HEALTH
WORKPLACE HEALTH & WELLNESS

Harleysville Outpatient Center
270 Main Street, Suite 2
Harleysville, PA 19438
P: 215.453.4941 | F: 215.453.4719

EMPLOYER AUTHORIZATION FOR TREATMENT FORM

Complete this form and present at the time of service.

EMPLOYER		
	COMPANY NAME:	**COMPANY CONTACT:**
	COMPANY ADDRESS:	
	PHONE:	**AFTER HRS/CELL:**
	FAX:	**EMAIL:**

Applicant/Employee must present photo ID at time of service.

APPLICANT / EMPLOYEE		
	APPLICANT/EMPLOYEE NAME:	**DOB:**
	DEPARTMENT:	**POSITION:**
	DOES EMPLOYEE WORK FOR A TEMP AGENCY? ○ **YES** ○ **NO**	**NAME OF TEMP AGENCY:**
	AUTHORIZED BY: NAME & TITLE	**PHONE:**

REQUIRED FOR ALL SERVICES (check all that apply)

Work Related

- ☐ Workers Compensation Injury/Illness Treatment
  - Date of Injury: ______________________________
  - Type of Injury: ______________________________
  - Claim #: ______________________________

Drug and Alcohol Testing

- ☐ Urine Drug Screen
  - ☐ DOT ☐ Non-DOT
- ☐ Breath Alcohol
  - ☐ DOT ☐ Non-DOT
- ☐ Collection Only

Reason for Testing

- ☐ Pre-employment
- ☐ Post-accident
- ☐ Follow-up
- ☐ Return to Duty
- ☐ Reasonable Cause
- ☐ Random

Physical Examination

- ☐ DOT Physical
- ☐ Pre-employment / Post-offer
- ☐ Fitness-for-duty
- ☐ Return-to-work
- ☐ Respirator Clearance
- ☐ OSHA / Medical Surveillance

Authorized Testing

- ☐ Audiogram
- ☐ Pulmonary Function Test / Spirometry
- ☐ Physical Capability Testing
- ☐ Respirator Fit Testing
- ☐ Vaccines
  - ☐ Flu ☐ Hep A ☐ Hep B ☐ PPD
  - ☐ Td ☐ Tdap ☐ Twinrix ☐ Other
- ☐ Other ______________________________

This certifies that the above information is correct. I authorize the medical provider to provide these services to the applicant/employee named above.

Signature of Company Contact: ______________________________ Date: ____________________

Printed Name: ______________________________ Title: ____________________

<u>Employee's Appointment Information</u>

Date: ________________ **Time:** ____________________ **Location:** Sellersville **OR** Harleysville