



500 Cummings Center, Suite 4350
Beverly, MA 01915
Phone (978) 532-2428
Fax (978) 532-0616

Authorization for Medical Services (Medical Surveillance)

Please have employee bring to appointment* * Must present Photo ID at time of service (license, passport, government ID)

Patient Name: _____ SSN: _____
Company Name: _____ Date of Birth: _____
Location, Street Address: _____ Date/Time of Appointment: _____

Note: TB Reading must take place at Quadrant 48-72 hours after TB Test. **Do not schedule TB Tests on Thursdays.**

List Exposures: _____

Is your Respiratory Protection Program on file at Quadrant? Yes No
If not, please send copy to the attention of Client Services or to dianet@quadranths.com

Note: For all Medical Surveillance Exams, please indicate: **Pre-Placement/Baseline** **Periodic** **Exit**

Respirator Clearance:

- OSHA Respirator Questionnaire Respirator Clearance Physical Exam
- Pulmonary Function Test (must be done in conjunction with physical exam)

Lead Surveillance:

- Lead Questionnaire (Baseline or Periodic) Medical Surveillance Physical Exam
- OSHA Respirator Questionnaire Pulmonary Function Test
- Blood Lead ZPP (Zinc Protoporphyrin)
- CBC w/ differential Bun (Blood Urea Nitrogen)
- Creatinine Micro/Complete Urinalysis

Asbestos Surveillance:

- Asbestos Questionnaire (Baseline or Periodic) Medical Surveillance Physical Exam
- OSHA Respirator Questionnaire Pulmonary Function Test
- Chest XRAY, B Read (every 5 yrs)

Note: If 10+ yrs exposure & Age 36-45: every 2 yrs, or Age 46+: every year.

Note: Give pt. prescription for B Read XRAY (1 View). NSMC provides service. Contact: Paula Gagnon, 978-354-4422 (or Dan). Indicate reason for request. Pt. should bring employer billing information.

Other Special Instructions: _____



Silica Surveillance:

OSHA Respirator Questionnaire

Medical Surveillance Physical Exam

Pulmonary Function Test

TB Test (TB read must be 48-72 hrs > test)

Chest XRAY, B Read

NOTE: 2 Step TB required w/ Pre-Placement Exams

(Note: If < 20 yrs exposure, every 5 yrs. If 20+ yrs exposure, every 2 yrs, or more based on MD discretion. Give pt. prescription for B Read XRAY (1 View). NSMC provides service. Contact: Paula Gagnon, 978-354-4422 (or Dan). Indicate reason for request. Pt. should bring employer billing information).

Medical Surveillance Protocols, Ancillary/Other Screenings:

Drug Screen **Breath Alcohol Test**

DOT-Regulated Non-Regulated

Pre-Employment Random Post Accident Post Injury Follow-up Reasonable Suspicion RTW

Urine, 5 Panel Urine, 10 Panel Urine, 10 Panel + Oxycontin Hair Follicle Instant

Collection Only (employee brings Chain of Custody form to appointment)

DOT Certification Hepatitis B Vaccine Hepatitis B Titer EKG Lift Test

TB Test Audiogram Respirator Fit Test Other: _____

Lab Tests Only (Specify): Other: _____

CBC w/ diff Chem 13 Blood Lead

ZPP (Zinc Protoporphyrin) Cadmium, Blood Urine Arsenic, Speciated

Work-Related Injury **Work-Related Illness** **Fit-For-Duty Exam**

Billing: Invoice Employer _____ Employee Pays at Time of Visit _____ Workers Compensation _____

Workers Comp Insurance Company: _____ PH: _____ FAX: _____

Date of Injury: _____

Authorized by: _____ **Title:** _____

Phone: _____ **Date:** _____

Employee is authorized to reschedule Appointment? Yes ____ No ____

Schedule by Date: _____