



Treatment Authorization

Referred For:
*Please check all that apply

Physicals:
 Post-Offer Physical
 DMV/DOT Physical
 Other: _____ (specify)

Drug Screen/Breath Alcohol Tests:
 Non-DOT Drug Screen
 DOT Drug Screen
 Breath Alcohol Test

Work Related Injury Treatment

Immunization: _____ (specify)
 Other: _____ (specify)

Date _____

Employee _____

Employer Samuel Merritt College Sacramento Campus

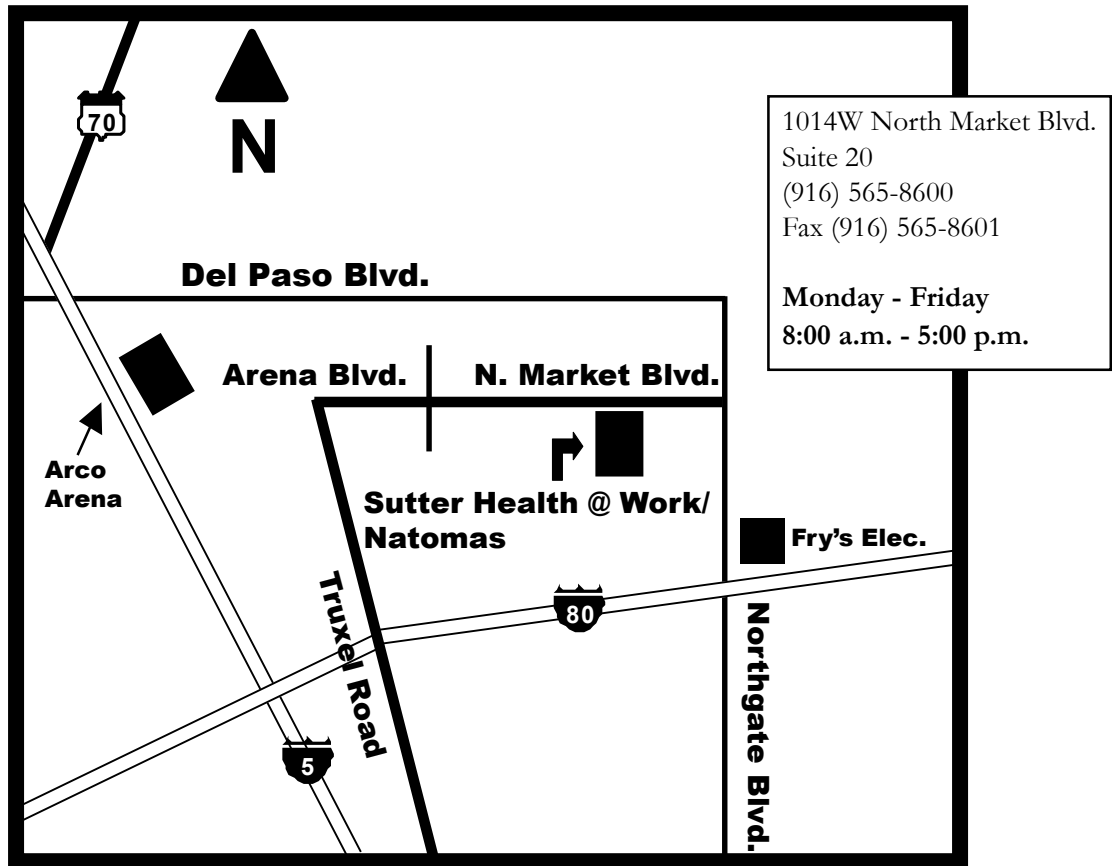
Employer Address _____

Employer Phone Number _____

Insurance Carrier _____

Policy Number _____

Company Representative Signature Title



SEND THIS COPY WITH EMPLOYEE