

Required

Today's Date: ____/____/____

Date Of Birth: ____/____/____

Company Name: _____

Employee Name: _____

Company Address: _____

Employee Job Title: _____

City/State/Zip: _____

Authorized by: _____

Temp Staffing Agency: _____
(If applicable)

Title: _____

Phone: ____/____/____

On-the-Job Injuries

Date of Injury: ____/____/____

Is a post-accident drug screen required?

Yes No

If yes, mark below:

Drug Screen

D/S – DOT

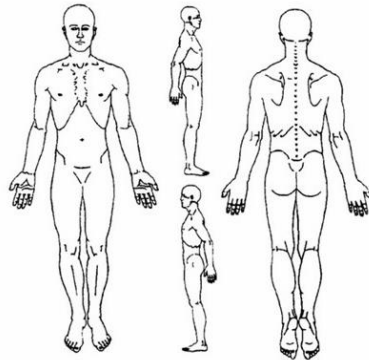
D/S – Non-DOT

Collection Only

Breath Alcohol

DOT

Non-DOT



(Indicate location of Injury on the diagram)

Describe how the injury happened and any additional details below:

Other Services

Substance Abuse Screens

Breath Alcohol Test

Drug Screen

*Choose one:

DOT or

Non-DOT

AND:

Available Testing:

Hair escreen collection only

Lab (Must provide Chain of Custody form)

Post-Accident

Pre-Employment

Random

Reasonable Suspicion
Return to Duty

Medical Physicals

Pre-employment Recertification

Basic Medical

Comprehensive Medical

DOT

Hazmat

Respirator

Other Services

Audiogram

Baseline

Annual

Vision

Other

Lift Test/Evaluation

* Set-up required and restrictions apply

(POET) Post Offer Employment Test

Respirator Questionnaire Review Only

Spirometry (PFT) with Medical Interpretation

Wellness Services

Health/Biometric Testing

Health Risk Assessment



Workwell Locations - (all locations are open Monday through Friday, 8:AM to 5:PM Longmont open at 7:AM Tuesday/Thursday)

Denver Northeast
3350 Peoria St, Ste. 190

303.365.4646

Greeley
2528 W. 16th St.

970.356.9800

Ft. Collins
1600 Specht Point Rd, Ste 115

970.672.5100

Loveland
1608 Topaz Drive

970.593.0125

Longmont
205 S. Main St., Ste. C

303.702.1612

(copies of this form are available on our website)

We make it easy.

www.workwellworks.com