

Required

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

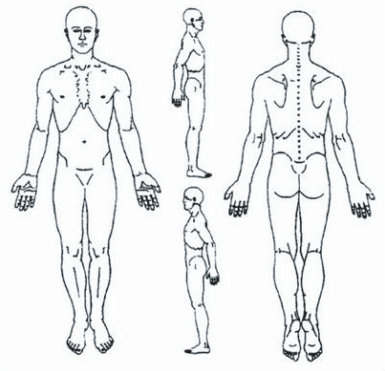
Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee Name: \_\_\_\_\_  
Employee Job Title: \_\_\_\_\_  
Authorized by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

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:

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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
- 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
- Vaccination
  - Hep B  Hep A
- TB/PPD Test



Copies of this form are available on our website

**WORKWELL Occupational Medicine Clinic**  
 205 S. Main Street, Ste C  
 Longmont, CO 80501  
 Phone: 303-702-1612  
 Fax: 303-774-7899  
 Hours: 8am-5pm M,W,F; 7am-5pm T,Th

**WORKWELL Occupational Medicine Clinic**  
 2528 West 16th Street  
 Greeley, CO 80634  
 Phone: 970-356-9800  
 Fax: 970-353-3182  
 Hours: 8am-5pm Monday-Friday

**WORKWELL Occupational Medicine Clinic**  
 1600 Specht Point Road, Ste 115  
 Fort Collins, CO 80525  
 Phone: 970-672-5100  
 Fax: 970-672-5105  
 Hours: 8am-5pm Monday-Friday

**WORKWELL Occupational Medicine Clinic**  
 3350 Peoria Ave. Ste. 190  
 Aurora, CO 80011  
 Phone: 303-365-4646  
 Fax: 720-638-1541  
 Hours: 8am-5pm Monday-Friday

**WORKWELL Occupational Medicine Clinic**  
 1608 Topaz Drive  
 Loveland, CO 80537  
 Phone: 970-593-0125  
 Fax: 970-593-0127  
 Hours: 8am-5pm Monday-Friday

**WORKWELL Occupational Medicine Clinic**  
 2550 S. Parker Rd. Ste. 150  
 Aurora, CO 80014  
 Phone: 720-512-4408  
 Fax: 720-512-5978  
 Hours: 8am-5pm Monday-Friday

