

- Manchester Airport**  
P: 603.625.2622 / F: 603.626.1816
- Manchester Downtown**  
P: 603.627.8053 / F: 603.627.4241
- Salem**  
P: 603.898.0961 / F: 603.898.0964



# Service Request Form

Employer: \_\_\_\_\_

Employee/Applicant Name: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

## Drug Testing

(please choose 1 from each of the 4 Sections)

### 1. Type of Testing

- Drug Test ONLY
- Breath Alcohol Test ONLY
- Drug AND Breath Alcohol Test

### 2. Kind of Test

- Non-DOT (Non-Federal)
- DOT (Federal)
  - FMCSA
  - FTA
  - FAA

### 3. Reason for Test

- Pre-Employment
- Random
- Post-Accident/Incident
- Reasonable Suspicion/Cause
- Other \_\_\_\_\_

### 4. Drug Panel to be Performed

#### Non-DOT

- Non-DOT Urine Drug Collection
- 5 Panel – Rapid
- 10 Panel –Rapid
- 11 Panel – Rapid
- Breath Alcohol Test
- Hair Collection

#### DOT

- DOT Urine Drug Collection
- Breath Alcohol Test

Other \_\_\_\_\_

## Injury Treatment

- Treatment for work related Injury  
Payer: \_\_\_\_\_
- Referred for treatment for non-work related injury/illness  
(self-pay or Group Health insurance)  
Payer: \_\_\_\_\_

## Examinations & Testing

- Pre-Employment/Post-Offer Physical
- DOT Physical
  - New Certification
  - Recertification
- Respirator Clearance Exam--[Review OSHA questionnaire, PFT and mini exam]
- Respirator Fit Testing [Qualitative]
- Audiogram
- Lift Test [60 lbs or less]—performed in clinic
- Work Skills Assessment—performed at Physical Therapy
- Vision Testing
  - Jaeger
  - Ishihara
  - Snellen
  - Titmus
- Fit for Duty/Return to Work  
(Clearance after non-work related injury/illness)
- Annual Physical
- Other \_\_\_\_\_

## Vaccinations

- Hepatitis A—2 shot series
- Hepatitis B—3 shot series
- MMR
- Varicella
- PPD (TB Test)
  - T Spot
  - One Step
  - Two Step
    - TB Consult/X Ray
- Flu (seasonal)
- Other \_\_\_\_\_

Requested By: \_\_\_\_\_

Phone: \_\_\_\_\_