

**REASON FOR TEST**

- Pre-Employment
  - Post Accident
  - Follow-Up
  - Random
  - Reasonable Suspicion
  - Return to Duty
  - Other (please specify below)
- 

**DRUG / ALCOHOL TESTING**

- DOT Urine Drug Screen
  - Non-DOT Breath Alcohol Test
  - DOT Breath Alcohol Test
  - Urine Drug Screen Collection Only  
(employer provides COC)
  - 5-Panel Hair Drug Screen
  - Other (please specify below)
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**PHYSICAL EXAM SERVICES**

- \* Basic Physical Exam
  - \* DOT (FMSCA) Driver Fitness for Duty Exam  
New Certification  
Re-Certification  
\* Clinic hours Monday -Friday 8a - 3:45p
  - Audiogram
  - Pulmonary Function Test (PFT)
  - OSHA Respirator Questionnaire
  - Qualitative Respirator Fit Test
  - Functional Capacity Test
  - TB Skin Test
  - Other (please specify below)
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**AUTHORIZATION**

I authorize CRG to perform the services requested above. **\* Required**

**AUTHORIZED BY (PRINT)** **\* Required**

**PHONE**



# Compliance Resource Group

**AUTHORIZATION FOR SERVICES**

**\*\*DONOR MUST BRING PHOTO ID\*\***

**EMPLOYER NAME**

**EMPLOYEE NAME** **\* Required**

**EMPLOYEE SSN / ID#**

**DATE** **\* Required**

**TIME**

Motionworks is located at  
**3410 South 4th**

**Chickasha, OK 73018**

**Monday - Friday / 8a - 5p**

**405-224-9675**

Office Use Only

**Wintox Agency Code**

**Wintox Sub-Agency Code**

**To ensure form prints properly, please utilize most recent version of Adobe reader.**

**Click button to email form to CRG**