

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)

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)

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

CRG is located at
**300 N. Meridian Avenue,
Suite 105**
1/3 mile North of Reno on the
East side of Meridian Avenue
Monday - Friday / 8a - 5p
405-943-6465

Office Use Only

Wintox Agency Code

Wintox Sub-Agency Code

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

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