



Occupational Medicine Greene County Medical Center 1000 West Lincoln Way Jefferson, Iowa 50129 Phone: 515-386-2488

Fax: 515-386-2480

RETURN FORM TO: OccMed@gcmchealth.com

REASON FOR TESTING FORM ** This form must be completed in FULL prior to testing at this site**

Company Name/Address:			
Employee Name/DOB/Address: _			
DER Name & Phone Number:			
<u>PLE</u>	ASE CHECK ALL APPRO	OPRIATE BOXES	
Type of Physical:			
DOT Physical	NON DOT Physical / Fit for duty Physical		
Type of Test:			
DOT (Check one of the following FMCSA FRA PHMSA	ng boxes) FAA FTA USCG	Non DOT (Check on of the following) Rapid Drug Test (In Clinic Test) Lab Test (Send to Lab drug test)	
Breath Alcohol Test ONLY	Drug Test Only	Drug Test and Breath Alcohol Test	
Reason For Testing:			
Pre-Employment	Random	Post-Accident	
Reasonable Cause	Return to Duty	Observed	
Additional Testing Offered or Re	equested:		
Hearing	Respiratory Fit Testing (Must Bring Mask) Spirometry		
OTHER (please specify):			