



Occupational Medicine
Greene County Medical Center
1000 West Lincoln Way
Jefferson, Iowa 50129
Phone: 515-386-2488
Fax: 515-386-2480

An Affiliate of  UnityPoint Health

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: _____

PLEASE CHECK ALL APPROPRIATE BOXES

Type of Physical:

- DOT Physical NON DOT Physical / Fit for duty Physical / Return to Work Physical

Type of Test:

- DOT (Check one of the following boxes) Non DOT (Check on of the following)
- | | | |
|--------------------------------|-------------------------------|---|
| <input type="checkbox"/> FMCSA | <input type="checkbox"/> FAA | <input type="checkbox"/> Rapid Drug Test (In Clinic Test) |
| <input type="checkbox"/> FRA | <input type="checkbox"/> FTA | <input type="checkbox"/> Lab Test (Send to Lab drug test) |
| <input type="checkbox"/> PHMSA | <input type="checkbox"/> USCG | |
- Breath Alcohol Test ONLY Drug Test ONLY Drug Test AND Breath Alcohol Test

Reason for Testing:

- | | | |
|---|---|--|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Random | <input type="checkbox"/> Post-Accident |
| <input type="checkbox"/> Reasonable Cause | <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Observed |

Additional Testing Offered or Requested:

- Hearing Respiratory Fit Testing (Must Bring Mask) Spirometry
- OTHER (please specify): _____