CCCMA Occupational Clinic at St. Rose Hospital
27200 Calaroga Avenue • Hayward, CA 94545
(510) 264-4046 • Fax: (510) 264-4192
Monday-Friday 7:30am – 6:00pm

TREATMENT AUTHORIZATION FORM

TODAY'S DATE: _____

EMPLOYEE

PATIENT NAME: _____

OCCUPATION: _____

DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? ☐ Yes ☐ No

NAME OF TEMP. AGENCY _____

COMPANY

COMPANY NAME: _____

PRIMARY CONTACT NAME: _____

ADDRESS: _____

_____
CITY STATE ZIP CODE

PHONE: ( ) _____ FAX: ( ) _____

PHONE (AFTER HRS/CELL): ( ) _____ EMAIL: _____

AUTHORIZED BY: NAME (PRINT): _____

TITLE: _____ PHONE: ( ) _____

SIGNATURE: _____

SERVICES REQUESTED

WORK INJURY: DATE OF INJURY: _____ TIME: _____ AM / PM

INJURY TO (BODY PART): _____

PHYSICAL EXAM: ☐ POST-OFFER ☐ DOT ☐ RESPIRATOR ☐ OTHER _____

DRUG and/or ALCOHOL TEST (SPECIFY TYPE):

- ☐ DOT DRUG TEST
- ☐ DOT BREATH ALCOHOL
- ☐ NON-DOT DRUG TEST
- ☐ NON-DOT BREATH ALCOHOL
- ☐ DRUG TEST (**5 / 9 / 10** Panel)
- ☐ WITH ALCOHOL
- ☐ RAPID DRUG TEST
- ☐ OTHER _____

REASON FOR TEST

- ☐ PRE-EMPLOYMENT
- ☐ POST-ACCIDENT
- ☐ RANDOM
- ☐ REASONABLE SUSPICION
- ☐ RETURN TO DUTY
- ☐ POST INJURY
- ☐ FOLLOW-UP
- ☐ OTHER _____

INSURANCE

WORKERS COMP. INSURANCE CARRIER: _____

ADDRESS: _____

POLICY NUMBER: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

PHONE: ( ) _____ CLAIM #: _____

Note: If you are injured and need to see a doctor, please go to the Emergency Department when the Occupational Clinic is closed. All other services including random or pre-employment drug testing are provided only during regular Occupational Clinic hours. A picture ID is required for drug screen, breath alcohol test and all services.