

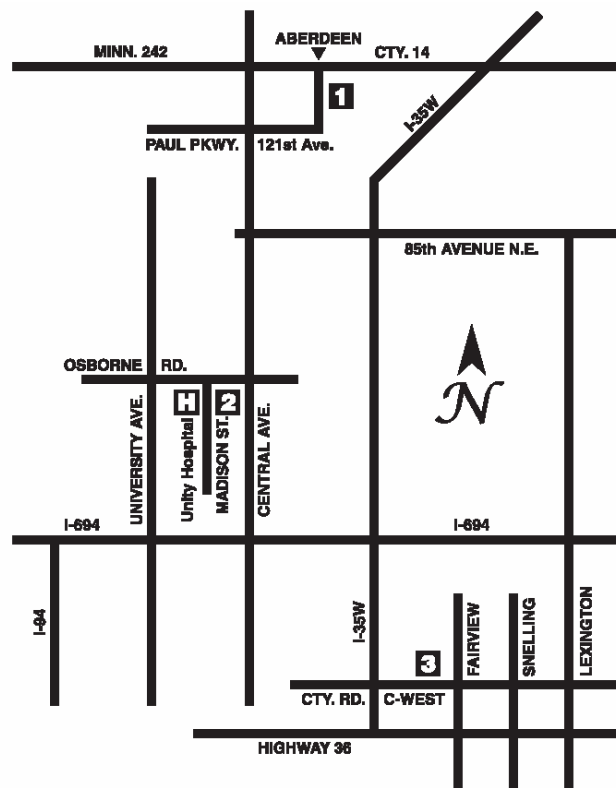
**ATTACH CURRENT COPY OF JOB DESCRIPTION HERE**

<b>ROSEDALE MEDICAL CENTER</b>	<b>FRIDLEY MEDICAL CENTER</b>	<b>BLAINE MEDICAL CENTER</b>
Twin Lakes Health Building 1835 County Road C West Roseville, MN 55113 Corner of Cty Rd C and Fairview	7675 Madison Street NE Fridley, MN 55432 Across from Unity Hospital	12175 Aberdeen Street NE Blaine, MN 55449 Just south of Hwy 65/242
(763) 785-4300	(763) 785-4500	(763) 785-4200
Mo–Th....7:30 am - 8:00 pm Fr ....7:30 am - 5:00 pm	Mo – Fr.... 8:00 am - 8:00 pm Sa.... 8:00 am - Noon <b>*SERVICES MAY VARY BY SITE*</b>	Mo–Th.... 8:00 am - 8:00 pm Fr.... 8:00 am - 5:00 pm
<b>DRUG SCREEN COLLECTIONS AVAILABLE UNTIL 5:00 PM Monday – Friday</b>		

**EMPLOYER’S AUTHORIZATION FOR CARE**

\_\_\_\_\_ has been directed to your clinic for the items marked below.  
(Employee/prospective employee)

<p><input type="checkbox"/> <b>PHYSICAL</b></p> <p>Position: _____</p> <p><input type="checkbox"/> Preplacement Basic exam only</p> <p><input type="checkbox"/> Preplacement &amp; DOT exam</p> <p><input type="checkbox"/> DOT Certification only (not preplace)</p> <p style="padding-left: 20px;"><input type="checkbox"/> new, or <input type="checkbox"/> current employee</p> <p><input type="checkbox"/> Surveillance (HazMat)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Baseline, <input type="checkbox"/> Periodic, <input type="checkbox"/> Exit</p> <p><input type="checkbox"/> Respirator Clearance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Baseline, <input type="checkbox"/> Periodic, <input type="checkbox"/> Exit</p> <p><input type="checkbox"/> Update Tetanus status</p>	<p align="center"><b>WC Ins. Information / Managed Care</b></p> <p>Carrier: _____</p> <p>Contact: _____</p> <p>Phone #: _____</p>
<p><input type="checkbox"/> <b>DRUG SCREENING*</b></p> <p><input type="checkbox"/> DOT, aka NIDA, or Federally regulated</p> <p style="padding-left: 20px;"><input type="checkbox"/> Urine Drug Collection</p> <p style="padding-left: 20px;"><input type="checkbox"/> Breath Alcohol</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both</p> <p><input type="checkbox"/> Non-DOT, aka Non-NIDA, Private Sector</p> <p style="padding-left: 20px;"><input type="checkbox"/> Urine Drug Collection</p> <p style="padding-left: 20px;"><input type="checkbox"/> Blood Alcohol</p> <p style="padding-left: 20px;"><input type="checkbox"/> Breath Alcohol (protocol required)</p> <p><b>Reason for testing:</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> Job applicant</p> <p style="padding-left: 20px;"><input type="checkbox"/> Random</p> <p style="padding-left: 20px;"><input type="checkbox"/> Reasonable Suspicion</p> <p style="padding-left: 20px;"><input type="checkbox"/> Post Accident</p> <p style="padding-left: 20px;"><input type="checkbox"/> Return to Duty</p> <p style="padding-left: 20px;"><input type="checkbox"/> Follow up testing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other _____</p>	<p>COMPANY: _____</p> <p>Phone #: _____</p> <p>Employer comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> <b>WORK RELATED INJURY/ILLNESS</b></p> <p>Include: <input type="checkbox"/> Substance abuse screening*</p> <p style="padding-left: 40px;">*See above for details</p> <p style="padding-left: 40px;"><input type="checkbox"/> Update Tetanus status</p> <p><b>Post acc. &amp; Reas. Susp. Drug screens available till closing.</b> To access this and other OH forms from the Internet: <a href="http://www.multicare-assoc.com">http://www.multicare-assoc.com</a></p>	<p><b>DOT EXAMS &amp; DRUG SCREENS REQUIRE PICTURE ID</b></p> <p>SUBSTANCE ABUSE SCREENS REQUIRE PICTURE OR SUPERVISOR ID.</p> <p>PLEASE CALL AHEAD WHEN SENDING IN AN INJURED PERSON.</p> <p>Signature: _____</p> <p align="right"><small>MCTC:OH: 35:9/05:ERAUTHCARE</small></p>



- 1 Blaine Medical Center 763.785.4200**
- 2 Fridley Medical Center 763.785.4500**
- 3 Rosedale Medical Center 763.785.4300**



Welcome to Multicare Associates Clinics!

Today you will undergo an occupational health physical exam.

This may be a preplacement exam, a DOT exam, or an exam for another purpose.

To orient you to the process we have prepared this information.

To begin you will be asked to complete some forms, which will vary depending on the type of exam.

You may also undergo some laboratory tests, urine tests, breathing or hearing evaluations.

In the exam room your provider will review your health history and/or tests with you.

For the physical exam, you may be asked to disrobe to your undergarments. A gown will be provided, and/or an attendant as indicated. The specifics of the exam may change depending on the purpose, but the standard components include the following:

- Eyes, ears, nose, throat
- Neck and thyroid
- Heart and lungs
- Abdomen including hernia check
- Spine, joints and muscles
- Neurologic system

Preventive health tests, such as cholesterol, pelvic, breast and rectal evaluations are not included, so these should still be scheduled with your regular physician.

We recommend the day of your physical you:

- Limit your caffeine use
- Take your regular medications on time
- Come rested for your exam
- Complete any paperwork given to you before arriving at the clinic

If you have any questions, please ask your nurse or provider.

We hope this information is helpful.