

Ascension Michigan Employer Solutions

Employer Authorization

For Treatment/Billing

Date _____ Employee Name _____
 Job Title/Duties _____
 Employer _____ Phone _____
 Address _____
Street City State Zip

MINORS MUST BE ACCOMPANIED BY PARENT OR LEGAL GUARDIAN

Injury Care: (Describe) _____
 Date of injury: _____ Time: _____ a.m.
 p.m.
Controlled Substance Test with this injury: Urine Drug Screen Breath Alcohol Test
 Patients treated after hours in Urgent Care or Emergency Department should return
 for follow-up care at the nearest occupational health office.

Physical Exam (bring eyeglasses and/or contact lenses and case)

<input type="checkbox"/> Post-offer/Pre-hire	<input type="checkbox"/> DOT—new hire	<input type="checkbox"/> MCOLES
<input type="checkbox"/> Annual	<input type="checkbox"/> DOT—renewal	<input type="checkbox"/> Preventive Well Exam
<input type="checkbox"/> Return to Work	<input type="checkbox"/> Hazmat	<input type="checkbox"/> Silica Exam
<input type="checkbox"/> Other _____		

Drug and Alcohol Testing (photo identification required)

<input type="checkbox"/> DOT Urine Drug Screen	<input type="checkbox"/> Urine Drug Screen	<input type="checkbox"/> Breath Alcohol
<input type="checkbox"/> DOT Collection Only	<input type="checkbox"/> Collection Only	
<input type="checkbox"/> DOT Breath Alcohol	<input type="checkbox"/> Hair Testing	

Reason:
 Pre-hire Random Post accident Reasonable suspicion Return to duty Follow Up Other

Screening/Immunization

<input type="checkbox"/> Audiogram	<input type="checkbox"/> TB Test (PPD)	<input type="checkbox"/> Tspot
<input type="checkbox"/> Audiogram w/Analysis	<input type="checkbox"/> Hepatitis B Vaccination	<input type="checkbox"/> Pulmonary Function Test (PFT)
<input type="checkbox"/> EKG	<input type="checkbox"/> Hepatitis B Titer	<input type="checkbox"/> Lift Test
<input type="checkbox"/> Respirator Questionnaire	<input type="checkbox"/> Travel Medicine (Rochester)	<input type="checkbox"/> Hepatitis A Vaccination
<input type="checkbox"/> Respirator Fit Test (No facial hair. No tobacco, food or drink (except water) one hour prior to test)		
<input type="checkbox"/> Other _____		

AUTHORIZED BY: _____
(Please print) Phone

AUTHORIZED SIGNATURE: _____

**Ascension Michigan Employer Solutions
Locations in West Michigan
to Serve Your Workplace**

ALLEGAN

Ascension Borgess Allegan Hospital

551 Linn St., Suite 110

Allegan, MI 49010

269-686-4270 • Fax: 269-686-4305

amesallegan@ascension.org

Monday, Wednesday and Friday 8:00 a.m. - 4:30 p.m.

KALAMAZOO

Ascension Borgess Hospital

Main Entrance

1521 Gull Road, Suite 430

Kalamazoo, MI 49048

269-226-5177 • Fax: 269-552-0308

ameskalamazoo@ascension.org

Monday - Friday 8:00 a.m. - 4:30 p.m.

BATTLE CREEK

Health Park South

2845 Capital Ave. SW, Suite 206

Battle Creek, MI 49015

269-962-0790 • Fax: 269-962-0828

amesbattlecreek@ascension.org

Monday - Friday 8:00 a.m. - 4:30 p.m.

PORTAGE

Ascension Borgess at Woodbridge Hills

7901 Angling Rd.

Portage, MI 49024

269-324-8426 • Fax: 269-324-8445

amesportage@ascension.org

Monday - Friday 8:00 a.m. - 4:30 p.m.,
after hours injury care is available in Immediate Care

Monday - Friday until 8 p.m.

Saturday and Sunday 12:00 p.m. - 6:00 p.m.

**AFTER HOURS INJURY CARE IS AVAILABLE
IN THE EMERGENCY ROOM AT
ASCENSION MICHIGAN HOSPITALS**