Livingston EDUCATIONAL SERVICE Agency

AUTHORIZATION FOR TREATMENT

EMPLOYER INFORMATION

Employer: Livingston Educational Service Agency
Phone: 517.546.5550
Address: 1425 W. Grand River Ave., Howell, MI 48843
Fax: 517.546.9538
Contact: Mandy Rutzel
Contact Email: MandyRutzel@LivingstonESA.org
Name of Person Authorizing Treatment: _____
Date of Authorization: _____

BILLING INFORMATION

- ☐ Bill LESA
- ☐ Bill Workers Compensation Carrier

EMPLOYEE INFORMATION

Employee Name: _____
Work Location: _____

Physical Examination Services

- ☐ DOT Certification – New Certification
- ☐ DOT Certification – Recertification
- ☐ Non-DOT Physical (Standard)
- ☐ Non-DOT Physical (Employer Provided)
- ☐ Post Offer/Pre-Employment
- ☐ Return to Work
- ☐ Fit for Duty
- ☐ Chest X-ray/Back X-ray
- ☐ Back Evaluation
- ☐ Lift Test _____ lbs.
  - ☐ knee level
  - ☐ waist level
- ☐ Hazmat
- ☐ Respirator Fit Test
- ☐ Hepatitis B Vaccine
- ☐ Hepatitis B Surface Antibody
- ☐ TB
- ☐ Labs
- ☐ Pulmonary Function Test
- ☐ EKG
- ☐ Audio Test
- ☐ Vision Test

Drug & Alcohol Testing Services

Reason for Test

- ☐ Pre-employment
- ☐ Return to Work
- ☐ Random
- ☐ Follow-up Testing
- ☐ Post-Accident
- ☐ Reasonable Suspicion/Cause
- ☐ Other _____

Type of Test

- ☐ DOT Drug Screen
- ☐ Non-DOT Specimen Collection Only
- ☐ Urine Rapid
- ☐ Breath Alcohol Test
- ☐ Hair

OTHER / ADDITIONAL TESTING

Other Testing and/or specific instructions:

_____

_____

INCIDENT / INJURY

Treatment/Evaluation:

Date of Injury: _____ Time of Injury: _____

What is the type/area of injury or illness? _____

Drug Screen with initial visit: ☐ Yes ☐ No Breath Alcohol Test: ☐ Yes ☐ No

Brief Explanation of How the Injury Occurred:

_____

_____

WORKERS COMPENSATION INSURANCE CARRIER INFORMATION

CCMSI 2364 Woodlake Drive, Suite 100 Okemos, MI 48864 (866) 204-0808	Claim Adjuster: _____ Claim Number: _____