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Employer: _____

Employee/Applicant Name: _____

Appt. Date: _____ Appt. Time: _____

Drug & Alcohol Testing

(please choose 1 from each of the 4 Sections)

1. Type of Testing

- Both Drug and Alcohol
- Breath Alcohol Test only
- Drug only

2. Kind of Test

- Non Federal
- Federal
 - FMCSA
 - FAA
 - FRA
 - FTA
 - PHMSA
 - USCG

3. Reason for Test

- Random
- Pre-employment
- Post-Accident
- Reasonable Suspicion/Cause
- Other _____

4. Drug Panel to be Performed

- BAT
- Urine Collection only
- 5 Panel -- Rapid
- 10 Panel --Rapid
- 11 Panel – Rapid
- Other _____

Injury / Illness Treatment

- Treatment for work related Injury
- Referred for treatment for non-work related injury/illness (self-pay or Group Health insurance)

Examinations & Testing

- Pre-Employment/Post offer Physical
- Annual Physical
- DOT Physical
- Respirator Clearance Exam
- Audiogram
- Respirator Fit Testing
- Vision Testing
- Fit for Duty/return to work
(Clearance after non-work related injury/illness)

Vaccinations

- Hepatitis A
- Hepatitis B
- MMR
- Varicella
- PPD (TB Test)
- Flu (seasonal)
- Other _____

Requested by: _____

Phone: _____