



INJURY TREATMENT AND DRUG/ALCOHOL TESTING AUTHORIZATION

****Supervisors: For any emergent need, including after hours, Weekends and Holidays**

1. Please complete this form and have employee proceed to:

**Mobile Infirmary Emergency Department
5 Mobile Infirmary Circle
Mobile, AL 36607**

2. Call 435-2620 Mobile Infirmary Emergency Department and ask to speak to the Charge Nurse.

****Please give the Charge Nurse the following information:**

- 1. Company Name, Your Name and Contact Number**
- 2. Injured Employee Name and Brief Description of Injury**
- 3. Post Accident Drug and Alcohol Testing Requirements**

Employee Name: _____ **Date:** _____ **Time:** _____

Employer: _____ **Tel Number:** _____

Employer Address: _____

Supervisor Name: _____ **Contact #:** _____

Please perform the following services:

- Workmen's Compensation Injury Treatment
 - Drug Screen-Post Accident
 - DOT Drug Screen Non DOT 5 Panel Drug Screen Non DOT 10 Panel Drug Screen
 - Breath Alcohol Test-Post Accident
 - DOT Breath Alcohol Test Non DOT Breath Alcohol Test
 - Specify Agency if DOT () FMCSA () FRA () FAA () FTA () USCG () PHMSA*
 - No Testing Required – Treatment Only

- Non-Injury Related Treatment
 - Drug Screen-Random
 - DOT Drug Screen Non DOT 5 Panel Drug Screen Non DOT 10 Panel Drug Screen
 - Breath Alcohol Test-Random
 - DOT Breath Alcohol Test Non DOT Breath Alcohol Test
 - Specify Agency if DOT () FMCSA () FRA () FAA () FTA () USCG () PHMSA*

Other Services: _____

Authorized by: _____
Print/Sign Name