This medical authorization form is for registered accounts with WellNow Urgent Care and Physicians Immediate Care occupational medicine. Please complete this form in its entirety and email it to OMsupport@wellnow.com and/or have your employee print and bring it with them to their appointment. Appointments can be scheduled at wellnow.com/locations or walk-ins are also welcome, with most locations open 7 days a week.

Please note the following procedures will only be offered daily until 7P local standard time.

- Employment Physicals (both pre-employment and annual)
- Pre-employment drug screens (both regulated and non-regulated)
- All other Occ Med services

After 7P, we will continue to perform post-accident and accident drug/alcohol screens, reasonable suspicion and random drug/alcohol screens and worker's compensation injury care. We apologize for any inconvenience.

Questions: Contact client support at OMSupport@wellnow.com

*Required Fields

MEDICAL AUTHORIZATION

Patient's Name:* _____ (FIRST) _____ (LAST) **Today's Date:*** ____ / ____ / ____

Employer Name:* SURESTAFF ALL LOCATIONS **Acct #:*** 28563 **State:*** --

Authorized By:* _____ (PRINT NAME) **Phone:*** (____) _____ - _____ (AUTHORIZER PHONE) **Email:*** _____ (AUTHORIZER EMAIL)

Work-Related Injury

☐ Work Injury Treatment ☐ Initial ☐ Follow-Up Body Part: _____

Evaluations/Examinations

☐ Annual Health Update Exam (NY Only)
☐ Bus Driver Exam
  ☐ Initial ☐ Annual
☐ DOT Exam
  ☐ New ☐ Recertification ☐ Follow-Up
☐ Pre-Employment Exam
☐ Respirator Exam
  ☐ Initial ☐ Annual
☐ Return to Work Exam
☐ Other: _____ (Please complete if item is not listed)

For Asbestos, Firefighter or Hazmat exams please utilize your custom authorization form. To schedule a Silica exam, please email occmedscheduling@wellnow.com

Drug Screening ☐ DOT ☐ Non-DOT

Type of Screening: ☐ Rapid (Non-DOT only) ☐ Send Out ☐ Hair

Reason for drug screen test
☐ Pre-Employment
☐ Random
☐ Follow-up (observed required)
☐ Reasonable Suspicion
☐ Post-Accident
☐ Return to Duty (DOT — observation required)

Panel
☐ 4 (no THC)
☐ 5
☐ 7
☐ 9 (no THC)
☐ 10
☐ Collection ONLY
☐ Other: _____

Breath Alcohol Content Test ☐ DOT ☐ Non-DOT

Reason for screening
☐ Pre-Employment
☐ Random
☐ Follow-up
☐ Reasonable Suspicion
☐ Post-Accident
☐ Return to Duty

Other Services

☐ Labs (Titers):
  ☐ MMR
  ☐ Hep B
  ☐ Varicella
  ☐ Lead/ZPP
  ☐ Other: _____
☐ QuantiFERON Gold — TB Blood Test
☐ PPD — TB Skin Test
☐ Audiometric Screening
☐ Vision Screening
☐ OSHA Questionnaire Review ONLY
☐ Respirator Fit Test
☐ Pulmonary Function Test (PFT)
☐ Other _____