



Medical Authorization Form

Hours of Operation: Open 7 Days a Week

823 Pearman Dairy Road
Anderson, SC 29625
864-225-7878 fax 864-225-7863

Mon-Fri 8:30am to 7pm
Sat 10am to 5pm Sun 12pm to 4pm

Employee Name _____ Applicant's Name _____

Employer Name _____ Authorized Signature _____

Authorized Date _____ Authorization Good Until _____

TIME AND DATE SENT TO RediCare _____ **TIME OF ARRIVAL** _____

Indication for Visit

- ___ Work Related Injury
- ___ Non-work Related Injury or Illness
- ___ Evalutaion for Cause of Injury
- ___ Pre-Employment

Drug Screening
*in accordance with
Company policy*

- Random
- Pre-Emp
- Return to Duty
- Post Accident
- Reasonable Suspicion
- Follow-Up
- Rapid Test 5 panel 10 panel (circle one)
- EBT (alcohol)

**EVALUATIONS INCLUDING
MISCELLANEOUS TESTING:**

(Circle) Factory Office

- ___ Pre-Placement / Post-Offer
- ___ Evaluation Testing
- ___ Standard Eye Chart Exam
- ___ Fitness for Duty Evaluation

- ___ Lumbar Spine X-Ray
- ___ Breathalyzer Screen (*non-DOT only*)
- ___ Pulmanary Function Testing
- ___ Other

NIDA Drug Screen

- Random Post Accident
- Pre-Emp Reasonable Suspicion
- Return to Duty Follow-Up

EBT (Alcohol)

- Random Post Accident
- Pre-Emp Reasonable Suspicion
- Return to Duty Follow-Up

Department of Transportation (DOT Testing)

DOT Physicals

- DOT Exam (Pre-Emp)
- DOT Recertification

***Please send this with employee at time of departure to Redi Care**

Available On-Line at www.redicaresc.com