



New Company Protocol:

Employer: _____

Company Representative: _____ Direct: _____

Cell: _____ Email: _____

Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Company Main Phone#: _____ Secure Fax: _____

Back up Company Representative: _____ Phone: _____

_____ **How did you learn about MercyOne North Iowa Occupational Health?**

Newspaper

Online

Other: _____

New Injury Care:

The company must schedule all NEW INJURY appointments (NOT the employee). By doing so the company authorizes the employee to be treated by MercyOne North Iowa Occupational Health and assumes financial responsibility even if the injury is deemed to be non-work related by the physician. Occupational Health is not recognized by personal health insurance.

Post-Accident Drug Screen needed? DOT NON-DOT

Post-Accident Breath Alcohol Test needed? DOT NON-DOT

Please sign and date to accept these terms for injury care:

Company Representative: _____ Title: _____

Printed Name: _____ Date: _____

Workers Compensation Insurance Company:

Insurance Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

Email: _____

Drug Screens: DOT / NON-DOT / BOTH

Drug Screen Collection only – Patient will bring in chain of custody form

Drug Screen using Occupational Health kit – available in both DOT and NON-DOT

(Please complete the MRO instruction sheet on 3rd page)

Instant Drug Screen using Occupational Health's kit – available for NON-DOT

services only (Please complete the MRO instruction sheet on 3rd page)

Employment Physicals

Employment physical – (Using company specific form)

(Please return copy with this form so we can see what is needed in order to complete form)

Employment physical – (Using Occupational Health basic form)

DOT Physical – (We provide the DOT regulated forms and cards)

Do you require: Whisper Audio

Other Services Requested

Audio

Breath Alcohol Testing (BAT) - DOT NON-DOT

Fit Testing – Type of Mask: _____

 Patient will bring mask? YES NO

Pulmonary Function Test (PFT)

Respirator Physical

Return to Duty Exam

Vision

Please complete this form if you are planning on using our drug screening program

MercyOne North Iowa Occupational Health MRO Instruction Sheet / WIN – Dr. Jack Tarr

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Contact/DER Name: _____ Phone/Cell: _____

*Method of reporting for Primary Contact/DER (check one):

Email address: _____

Secure Fax#: _____

Secondary Contact/DER Name: _____ Phone/Cell: _____

*Method of reporting for Secondary Contact/DER (check one):

Email address: _____

Secure Fax#: _____

Form completed by: _____

Please complete and fax to: 641-428-5765 or by email: mchlthwk@mercyhealth.com