

Original Date:	
Dates Revised:	

PRE-AUTHORIZATION FORM

Date: _____

Company Name: _____ Supervisor: _____

Employee Name: _____

DRUG SCREENS COLLECTION				
☐ DOT	☐ Pre-Employ	☐ Random	☐ P/A	☐ Other
☐ NON DOT	☐ Pre-Employ	☐ Random	☐ P/A	☐ Other

PHYSICALS		
☐ DOT	☐ Pre-Employ	☐ Re-Cert
☐ NON DOT	☐ Pre-Employ	☐ Re-Cert

ALCOHOL TEST		
☐ DOT	☐ Breath	☐ Saliva
☐ NON DOT	☐ Breath	☐ Saliva

☐ Audiometry	☐ Respirator Questionnaire
☐ Pulmonary Function	☐ Respirator Fit Test

☐ Labs: _____

☐ Other (Please be specific): _____

