



ST. VINCENT CHARITY
MEDICAL CENTER
OCCUPATIONAL HEALTH

A Ministry of the Sisters of Charity Health System

Authorization Form

Employee/Candidate Name (Last, First): _____

Company: _____

Test/Exam must be completed by: _____

Authorized by: _____ Phone: _____

LIFE OR LIMB THREATENING INJURIES – GO DIRECTLY TO THE EMERGENCY DEPARTMENT

INJURY CARE/EXPOSURE

Post injury drug screen Post injury BAT

Please indicate if testing is:

Federal/DOT Non Federal

EXAM

New hire Existing employee

If applicable, indicate type of exam:

DOT OSHA surveillance Wear a respirator

Return to work T-8 Bus or Van driver

Fit for duty (appointment required)

SUBSTANCE TESTING

Urine drug screen Please indicate if testing is: Federal/DOT Non Federal Instant

5 Panel 9 Panel 10 Panel Nicotine

Reason for test: Pre Placement Random Accident/Injury Cause/Suspicion Return to work Follow up EAP

MISC.

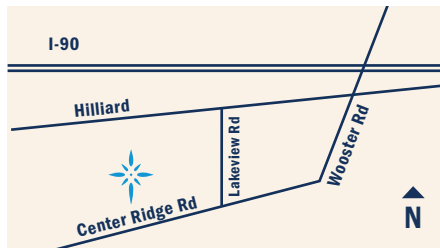
TB Test 1 or 2 T-spot Hepatitis Chest X-Ray Audiogram Influenza Vaccine

COVID-19 SWAB (if checked please notate reason) Reason for test: _____

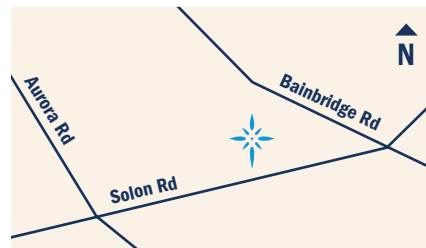
Other: _____



Downtown
St. Vincent Charity Medical Center
2475 East 22nd Street STE 310
Cleveland, OH 44115
P: 216.363.2691 Ext. 1; F: 216-241-5814
Monday-Friday 8 a.m. to 4 p.m.



Rocky River Medical Campus
St. Vincent Charity Medical Center
20220 Center Ridge Road Suite 120
Rocky River, OH 44116
P: 216.937.3910
Monday-Friday 8 a.m. to 6 p.m.
Saturday- 9 a.m. to 2 p.m.



Solon Medical Campus
St. Vincent Charity Medical Center
33001 Solon Road Solon, OH 44139
P: 440.349.1796; F: 440-349-3616
Monday-Friday 8 a.m. to 4 p.m.
**Use urgent care entrance on right side of building*