PRIME
OCCUPATIONAL MEDICINE

Medical Authorization

Luke P. Lee, MD, MPH, CIME
Board Certified Occupational Medicine
Corporate Medical Director

☐	3515 LA Highway 1 S, Port Allen, LA 70767	Fax: 225-749-3138
☐	15475 Airline Highway, Baton Rouge, LA 70817	Fax: 225-778-7542
☐	3584 West Airline Highway, Reserve, LA 70084	Fax: 985-536-3919
☐	303 W. Judge Perez, Chalmette, LA 70043	Fax: 504-570-6353
☐	1025 Kaliste Saloom Rd., Lafayette, LA 70508	Fax: 337-237-8666
☑	950 Beglis Pkwy Sulphur, LA 70663	Fax: 337-310-9675
☐	2492 S Cities Hwy Suite 1, Sulphur , LA 70663	Fax: 337-905-1963

Employee Name: _____ **Date:** _____

Company: _____ **Contact Name:** _____

Social Security #: _____ **Job Number:** _____

Job Description: _____

☐ **Injury Treatment:** Type: _____

☐ **Physical Exam:** ☐ DOT ☐ Non-DOT ☐ HAZMAT ☐ Asbestos ☐ Operator
☐ Pre-Placement ☐ Annual ☐ Semi-Annual ☐ Re-Certification ☐ Other _____

☐ **Physical Performance Test:** ☐ Pre-Placement ☐ Other _____

☐ **Breath Alcohol:** ☐ DOT ☐ Non-DOT

☐ **Drug Screen:** ☐ Quick (Urine) ☐ Non-DOT (Urine) ☐ DOT (Urine)
☐ 5 Panel ☐ Pre-Placement ☐ FMSCA ☐ Other: _____
☐ 10 Panel ☐ Random ☐ PHMSA ☐ Other: _____
☐ 12 Panel ☐ Post-Accident ☐ USCG ☐ Other: _____
☐ Synthetic Marijuana ☐ Synthetic Opioid

☐ **Hair Test:** ☐ **Prime Hair Test (5 Panel)** ☐ **Other** _____

☐ **DISA:** ☐ Pre-Placement ☐ BAT (Non-DOT) ☐ **BAT** (DOT) ☐ FMCSA
☐ Random ☐ Urine (Not-DOT) ☐ Urine (DOT) ☐ PHMSA
☐ Post Accident ☐ Oral ☐ USCG
☐ Hair ☐ DISA Policy/Account: _____

☐ **Respirator Fit Test:** ☐ Qualitative ☐ Quantitative (PortaCount)

Mask #1: _____ Mask #2: _____ Mask #3: _____

☐ **Pulmonary Function Test**
☐ **Audiogram** (add STS Comparison? ☐ Yes ☐ No)
☐ **Return to Work Clearance**
☐ **Safety Evaluation**
☐ **Medical Record Evaluation**
☐ **Titmus Vision Testing**
☐ **Fit for Duty Clearance**
☐ **TB Skin Test** (Employee must be able to return to the clinic within 2 days to have test read)
☐ **Laboratory Tests:** _____
☐ **Other:** _____

_____ (_____)_____-_____

Authorized Signature **Phone Number**