

ASANTE WORK HEALTH
Request for Services

Employee/Candidate: _____ SSN: _____

Requesting Employer: _____ Phone: _____

Job Title/Code: _____

Company Representative Instructions

On the Job Injury:
Drug Screen: Non-DOT DOT **Reason:** Pre-employment Random OJI Other: _____
AUDIO:
BAT: Non-DOT DOT **Reason:** Pre-employment Random OJI Other: _____
Physical Exam: Non-DOT DOT Asbestos Other: _____
Functional testing: N/A Yes, please read functional exam information below. **Job Title:** _____
Hepatitis B Immunization **TB testing**

For Collection/Protocol Questions: 1-800-390-2830 or 541-789-4825

Employee Instructions: You must bring this form to your appointment(s)

Drug Screen Information (APPOINTMENT NOT NECESSARY):

- You **must** bring photo ID.
- Please refrain from drinking excessive amounts of liquids prior to appointment.
- **Please do not bring children with you.** No one will be allowed in the collection area with you and children may not be left unattended in waiting area.

Physical Exam Information (BY APPOINTMENT ONLY):

Appointment: _____ Date: _____ Time: _____

- Please arrive 15 minutes early to complete registration and paperwork **IS TO BE COMPLETED PRIOR TO APPOINTMENT.**
- **Please do not bring children with you.** No one will be allowed in the exam area with you and children may not be left unattended in waiting area.
- You should allow approximately one hour for this appointment.
- If you are unable to make this appointment, please call the clinic marked below to cancel the appointment as soon as possible.

LOCATION AND HOURS FOR DRUG SCREEN/PHYSICAL

Asante Occupational Health, 781 Black Oak Drive, Suite 102, Medford, OR 97504 (541) 789-4236
(Monday-Friday 7:30 a.m. to 5:00 p.m.)

Asante Occupational Health, 1505 NW Washington Boulevard, Grants Pass, OR 97526 (541) 956-6250
(Monday-Friday 8:00 a.m. to 5:00 p.m.)

Functional Exam Information (BY APPOINTMENT ONLY)

Appointment: Date: _____ Time: _____

Location: **Work Performance Center:** **781 Black Oak Drive, Suite 102, Medford, OR 97504 (541) 789-4707**
 1505 NW Washington Boulevard, Grants Pass, OR 97526 (541) 956-6250

- You **must** bring photo ID to this appointment.
- **Please do not bring children with you.** No one will be allowed in the testing area with you and children may not be left unattended in waiting area.
- You should allow approximately one hour for this appointment.
- Wear closed-toe shoes with good support. No sandals or high heels (preferably shoes that tie).
- Wear comfortable loose-fitting clothing that will allow you to move freely.
- Do not drink any caffeine products on the day of the evaluation (coffee, tea, cola, chocolate, etc.).
- Get a good night of sleep prior to the evaluation.
- Eat a light meal if mealtime is before evaluation (you will need the fuel).
- Report all medications currently being taken at the time of evaluation. Some may affect your heart rate and must be taken into consideration with the results.
- If you are unable to make this appointment, please call (541) 789-4707 to cancel the appointment as soon as possible.