Your Company Information: Company Name: ____________________

Street Address: ________________________ City:______________ State: _____ Zip:________

Phone Number: (_______)________________ Fax: (_______)_______________

Authorized Company Contact(s):

Name: _____________________ Title: ________________

Tel: (___)______________ Ext. _______ Email:________________________________

Name: _____________________________ Title: ________________

Tel: (___)______________ Ext. _______ Email:________________________________

Avg. # of injuries (optional):______ Most Common Injury:____________ # of Employees: ____

Type of Business: ________________ Hours/Days of Operation: _________________________

Your Worker's Comp Insurance: Carrier Name: ______________________

Street Address:________________________ City:______________ State:______ Zip:________

Phone Number: (___)__________________ Policy Number:___________ Eff. Date:_________

____

Medical Services Required:

Treatment of Work Related Injuries: Company will pay First Aid: [ ] No [ ] Yes

Call Medical Status to: _________________ at (_____)______________________

Report work status by [ ] Mail [ ] Fax (___)________[ ] Email:___________________________

Physicals [ ] Pre-Placement [ ] DMV/DOT Commercial Driver Examination [ ] Other:______

Drug Screening:[ ] Post Accident [ ] Rapid [ ] DOT (New Hire/Annual/Random/ Post Accident)

[ ] use Pactox Medical Lab/Forms/MRO or [ ]Use Employer lab/forms -Lab Name:_________

Call Physical and or Drug Results to:____________________ at (____)____________________

Report ALL results by : [ ] Mail [ ] Fax(___)_____________ [ ] Email:____________________

Other Services: [ ] PPD [ ] Audiogram [ ]Ishihara Color Blind Test [ ] PFT

[ ] Respirator Physical (PFT, Mask Fit, OSHA Respirator Medical Questionnaire Review)

[ ] Vaccinations________________[ ] Titers: ________________

Special Instructions:

Additional Services:

____

____

____

____

Additional Instructions:

____

____

____

____

____

Authorized Representative Signature – Date

____

Print Name & Title

APPLE VALLEY: 18522 US HWY 18 STE 102 APPLEVALLEY,CA 92307
HESPERIA: 12821 MAIN ST STE 140 HESPERIA,CA 92345
BARSTOW: 705 E VIRGINIA WAY STE N BARSTOW,CA 92311