



Specific Location(s) you would like to use:

Employer Information Sheet

Company Name			
Company Address			
Company Telephone		Company Fax	
Company Contact			
Company E-Mail		Is it OK to send confidential information via encrypted e-mail?	Yes/No
			Password: (less than 6 numbers)
Who can authorize a worker's comp visit?			
Employer Work Comp Insurance Information			
Insurance Name			
Address			
Telephone Number		Fax Number	
What would be the preferred way to send the Results/73 form/work status form?			Email or Fax
Other Testing			
Drug Screen needed? <input checked="" type="checkbox"/> Yes/Always <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Per Request			
If answered "YES/ALWAYS", please choose type?			
<input checked="" type="checkbox"/> Inhouse Rapid <input checked="" type="checkbox"/> Send out NON-DOT <input checked="" type="checkbox"/> Send out DOT			
If Inhouse rapid is PRESUMPTIVE POSITIVE, would you like a send out confirmation drug screen performed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other Instruction * <i>please comment below</i>			
Other EPS Services			
DOT Physicals <input checked="" type="checkbox"/> Pre-employment Physicals <input checked="" type="checkbox"/> TB Skin Testing <input checked="" type="checkbox"/> Flu Vaccine: <input checked="" type="checkbox"/> Tetanus Vaccine <input checked="" type="checkbox"/> Covid-19 Testing <input checked="" type="checkbox"/> Titer Blood Draws <input checked="" type="checkbox"/>			
(Please check all boxes you would be interested in)			