



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 <input type="checkbox"/> No <input type="checkbox"/> |
| | | | 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 <input type="checkbox"/> Fax <input type="checkbox"/> |
| Other Testing | | | |
| Drug Screen needed? <input type="checkbox"/> Yes/Always <input type="checkbox"/> No <input type="checkbox"/> Per Request | | | |
| If answered "YES/ALWAYS", please choose type? | | | |
| <input type="checkbox"/> Inhouse Rapid <input type="checkbox"/> Send out NON-DOT <input type="checkbox"/> Send out DOT | | | |
| If Inhouse rapid is PRESUMPTIVE POSITIVE, would you like a send out confirmation drug screen performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Instruction * <i>please comment below</i> | | | |
| | | | |
| Other EPS Services | | | |
| DOT Physicals <input type="checkbox"/> Pre-employment Physicals <input type="checkbox"/> TB Skin Testing <input type="checkbox"/> Flu Vaccine <input type="checkbox"/> Tetanus Vaccine <input type="checkbox"/> Covid-19 Testing <input type="checkbox"/> Titer Blood Draws <input type="checkbox"/> | | | |
| (Please check all boxes you would be interested in) | | | |