

Authorization

- | | | |
|---|---|--|
| <input type="checkbox"/> MidMichigan Urgent Care - Alma
321 E. Warwick Drive • Alma, MI 48801
Phone: (989) 466-3340 • Fax: (989) 466-6805 | <input type="checkbox"/> MidMichigan Urgent Care - Clare
700 W. Fifth Street • Clare, MI 48617
Phone: (989) 386-9911 • Fax: (989) 386-9913 | <input type="checkbox"/> MidMichigan Urgent Care - Freeland
5694 Midland Road • Freeland, MI 48623
Phone: (989) 695-4999 • Fax: (989) 695-4959 |
| <input type="checkbox"/> MidMichigan Urgent Care - Midland
3009 N. Saginaw Road • Midland, MI 48640
Phone: (989) 633-1330 • Fax: (989) 633-1355 | <input type="checkbox"/> MidMichigan Urgent Care - West Branch
640 Court Street - West Branch, MI 48661
Phone: (989) 345-8130 • Fax: (989) 345-8129 | <input type="checkbox"/> MidMichigan Urgent Care - Gladwin
609 Quarter Street Gladwin MI 48624
Phone: (989) 246-9430 • Fax: (989) 246-9435 |

Student/
Employee Name: _____ SS#: _____ D.O.B: _____
 Company Name: Mid Michigan College Date: _____
 Authorized By: Barbara L. Wieszcieski Title: Dean of Health Sciences
 Phone: 989-317-4625 Print Name _____ Email: bwieszcieski@midmich.edu

Appointment

Date: ____ / ____ / ____ Time: _____ AM PM

** Picture I.D. required. If you wear glasses, please bring them.*

Injury

Nature of Injury: _____ Injury Date: ____ / ____

Physical Exam

- Pre-Employment Physical
- DOT Physical
- Expanded Physical
- Flight Physical (Gratiot Only)

By Appointment Only

- Company Specific Physical and Functional Assessment
- Strength and Flexibility Assessment
- Fit for Duty Exam
- Other (please specify) _____

Drug Testing

- Non - DOT Urine Drug Screen DOT Urine Drug Screen Hair Drug Collection
- Non - DOT Breath Alcohol* DOT Breath Alcohol* Saliva Alcohol Swab* (Clare/Houghton Lake Only)
- Other: Non-DOT Urine Drug Screen - 10-panel

Reason For Test

- Pre-employment Random Post - Accident Reasonable Suspicion/For Cause
- Return to Duty Follow Up Other: _____

Respirator Fit Testing*

- Respirator Fit Testing Respirator Medical Evaluation
- Respirator Questionnaire Mask Fit Only

By Appointment Only

Other Services

- Audiogram (OSHA hearing test) PFT * Not Houghton Lake
- TB Test L.S. Spine X-ray _____ View
- Hepatitis B Vaccine Other: _____
- Vision Screening

- A. I certify that I am 18 years of age or older or an emancipated minor; I have read this form or it was read to me.
- B. I certify that this form was explained to me at the date and time written below.
- C. **I fully understand the contents of this form.**

Patient Signature: _____ Patient Name (printed or typed): _____

Witness Signature: _____ Time: _____ Date: _____

** Provided only at Midland and Gratiot*