



1481 Dean Forest Rd
 Bldg 200 Suite C
 Savannah GA 31405
 Ph: 912-964-2273
 Fax: 912-964-1522
 24 hour Pager: 912-495-6850
Consent and Request for Service

Company Name: _____

Employee Name: _____ SS#: _____

Please specify with an X those services requested. The employee / applicant must have a picture ID or Employer Representation present. **Fax this form to office (912) 964-1522** or have employee / applicant hand carry. NO service will be provided without this request signed by an authorized company representative requesting the service.

<p><i>Physicals:</i></p> <p><input type="checkbox"/> _____ DOT Physical</p> <p><input type="checkbox"/> _____ Non DOT Physical</p> <p><input type="checkbox"/> _____ Sports Physical</p> <p><input type="checkbox"/> _____ Coast Guard Physical</p> <p><input type="checkbox"/> _____ Blood Pressure Recheck Original Physical done here</p>	<p><i>Drug Testing:</i></p> <p><input type="checkbox"/> _____ DOT Drug Screen</p> <p><input type="checkbox"/> _____ Non-DOT Drug Screen</p> <p><input type="checkbox"/> _____ Rapid Test (immediate results non-DOT only)</p> <p><input type="checkbox"/> _____ Collection Only</p> <p><input type="checkbox"/> _____ Breath Alcohol</p>
<p><i>Additional Procedures:</i></p> <p><input type="checkbox"/> _____ Audiogram</p> <p><input type="checkbox"/> _____ Background Check</p> <p><input type="checkbox"/> _____ Blood Profile</p> <p><input type="checkbox"/> _____ Hair Test</p> <p><input type="checkbox"/> _____ MVR (3 yr or 7 yr)</p> <p><input type="checkbox"/> _____ Pulmonary Function Test</p> <p><input type="checkbox"/> _____ Respirator Fit Test</p> <p><input type="checkbox"/> _____ Other</p>	<p><i>Reason for Test:</i></p> <p><input type="checkbox"/> _____ Pre-Employment</p> <p><input type="checkbox"/> _____ Post Accident</p> <p><input type="checkbox"/> _____ Reasonable Cause</p> <p><input type="checkbox"/> _____ Return To Duty</p> <p><input type="checkbox"/> _____ Random</p> <p><input type="checkbox"/> _____ Other _____</p>
<p><i>Method of Payment:</i></p> <p><input type="checkbox"/> _____ Bill Company</p> <p><input type="checkbox"/> _____ Employee Applicant pays for</p> <p style="text-align: center;">All Physical Drug Screen</p>	<p><i>Chain of Custody Paperwork:</i></p> <p><input type="checkbox"/> _____ Give to employee / applicant</p> <p><input type="checkbox"/> _____ Mail to company</p> <p><input type="checkbox"/> _____ Hold and send with drug screen results</p>

Requested By: (Print) _____ (Signature) _____ Date: _____

Time Sent to Office: _____ Please show for all drug and alcohol requests for Random or Post Accident.

I give my consent for SATS personnel to obtain a sample of my urine, hair, blood or breath as necessary for determining the presence of drugs and or alcohol therein. I authorize the release of the results of such tests to a duly authorized representative of my perspective employer. *DOT Physicals*I authorize the release of results of the DOT Physicals to a duly authorized company representative.

Employee Signature: _____ Birth Date: _____ Phone: _____

Picture ID: (DL Number & State) _____ Age: _____

Employee Address: _____ City: _____ State: _____ ZIP: _____