

FREMONT URGENT CARE CENTER

3161 Walnut Ave.
Fremont, CA 94538
510-796-1000 Fax 510-796-1050

TREATMENT AUTHORIZATION

Employee Name: _____
Employer Name: _____
Name of Person Authorizing: _____
Phone: _____ Date: _____

PURPOSE OF VISIT

Physical Exams

Job Title: _____
 Pre-employment Annual Fit for Duty Asbestos
 Commercial Driver (DOT) Respirator Certification Exam
 Emergency Response Team
 Other _____

Other Services

Drug Screening Alcohol Testing
 DOT Breath Alcohol
 Non-Dot Saliva Alcohol
 Other (Specify) _____

Comments: _____

Work Injury

Authorized by: _____ Phone: _____
 Date of Injury: _____ First Aid Eligible
Comments: _____

