



Authorization for Occupational Health Services, Exam or Treatment

Date: _____

Name: _____ SSN#: _____ DOB: _____

(Photo ID Required for Drug or Alcohol Screens)

On Behalf of Racine County

Company Contact: Yolanda Hodges

Contact Phone #: 262.636-3974

Secure Fax#: 262.636-3817

Authorized by: _____

Title: _____

SERVICES REQUESTED

Drug and Alcohol Screening

Post-Accident
 Return to Duty

Employment
 Random

Reasonable Cause
 Follow-up

- DOT Drug Screen
- 10 Panel Drug Screen
- Breath Alcohol Screen

Hours: 7:30am -5:00pm, M-F

***After Hours: Random, Post-Accident & Cause Drug & Alcohol Screening ONLY.
6:00pm-6:00am M-F and 24 hours Weekends & Holidays
(Report to Wheaton Franciscan Healthcare – All Saints Emergency Care Center Registration Desk)***

Appointments Not Required, But Appreciated