

Employer Authorization

Thank you for choosing Valley Urgent Care & Occupational Medicine. Please print clearly to complete this form in its entirety so that we may process your employee's visit efficiently and accurately. This form should be completed by a Designated Employer Representative and hand carried by the employee.

Employee Name: _____ Employee ID# _____ Date of Birth: _____

Company Name: James Madison University

Address: 821 S. Main St., MSC 7018 City: Harrisonburg State: VA Zip: 22807

Designated Employer Representative (DER): Hope Thompson

DER Phone Number: 540 - 568 - 4535

Existing Account at this Location Y N

Contact me to set up an account : Y N

Workers Compensation

- Injury Treatment
- Post Accident Drug Testing
- Post Accident Alcohol Testing
- Insurance Carrier: _____

Alcohol Testing

- DOT
- Non-DOT
- Drug Free Workplace

- Breath Alcohol Testing
- Blood Alcohol Testing

- Pre Employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Follow Up

Vaccines

- Flu
- Hepatitis A Hepatitis B
- MMR
- PPD-TB 2 step
- TD-Tetanus
- Other: _____

Urine Drug Screens

- DOT
 - FMCSA FAA FRA
 - PHMSA FTA USCG
- Non-DOT
 - Rapid 5 Rapid 10
- Pre-Employment
- Random
- Post Accident
- Reasonable Suspicion
- Return to Duty
- Follow Up

- Collection Only
- Use Valley Urgent Care MRO

- HAIR
- Direct Observation Required

Lab Info

Name: _____
Address: _____

MRO Info

Name: _____ Phone: _____
Address: _____ Fax: _____

Physical Examinations

- Asbestos Exam
- Employment Physical Exam
- DOT Physical Exam
- OSHA Respiratory Exam
- Insurance Exam
- Other

Ancillary Services

- OSHA Questionnaire
- Qualitative Fit Test
- Spirometry (PFT, OSHA)
- Audiometry (OSHA)
- Vision Exam
- XRay-CXR PA PA/LAT B Read
- EKG
- LAB-CBC
- LAB-Complete Metabolic Panel

Titers

- Hepatitis A Hepatitis B
- MMR
- Rubella
- Rubeola
- Varicella

I authorize Valley Urgent Care to treat the employee listed above for the services selected

Authorized Signature (Supervisor or DER) _____ Date _____

Phone _____ Fax _____

How would you like us to relay results (fax or email)? email

JMU Shop/Dept: _____

Org #: _____

thompshh@jmu.edu

Email

Valley Urgent Care & Occupational Medicine
1921 Medical Avenue
Harrisonburg, VA 22801
Phone: 540-434-5709 Fax: 540-434-5710

Hours:
Open 7 days a week
Mon. – Fri., 7 AM to 11 PM
Sat. & Sun., 8 AM to 6 PM

