



# Medical

AIM IMMEDIATE CARE

Hours of

Operation: Open 7 Days a week

## Authorization Form

1985 DeKalb Ave., Suite 300,

Mon - Fri 8am to 8pm

Sycamore, IL 60178

Sat & Sun 9am to 4pm

(815) 754-1122 fax(815) 787-

3678

Employee Name \_\_\_\_\_ Applicant Name \_\_\_\_\_

Employer Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Authorized Date \_\_\_\_\_ Authorization Good Until \_\_\_\_\_

TIME AND DATE SENT TO AIM: \_\_\_\_\_ TIME OF ARRIVAL \_\_\_\_\_



Indication for Visit

Drug Screening  
*in accordance  
with  
Company policy*

- \_\_\_\_\_ Work Related Injury
- \_\_\_\_\_ Non-work Related Injury or
- \_\_\_\_\_ Evaluation for Cause of Injury

\_\_ Reasonable Suspicion

\_\_ Random

\_\_ Pre-Emp

\_\_ Follow-

up

EVALUATIONS INCLUDING MISCELLANEOUS TESTING:

- \_\_ Return to Duty
- \_\_ Rapid Test 5 panel 9 panel (circle one)
- \_\_ Post Accident
- \_\_ EBT (alcohol)

X-ray \_\_\_\_\_ Pre-placement / Post-offer \_\_\_\_\_ Lift Test \_\_\_\_\_ Lumbar Spine

\_\_\_\_\_ General Exam \_\_\_\_\_ Breathalyzer Screen (non-DOT only)

\_\_\_\_\_ Audio Screen \_\_\_\_\_ Standard  
(Circle) Factory Office  
Eye Chart Exam



\_\_\_\_\_ Pulmonary Function Test

\_\_\_\_\_ Respiratory Surveillance Protocol

\_\_\_\_\_ Nerve Conduction Screen (*Carpal Tunnel*)

\_\_\_\_\_ Haz-Mat Surveillance Protocol

\_\_\_\_\_ Other \_\_\_\_\_ Fitness for Duty Evaluation

\_\_\_\_\_ Chromium Exposure Surveillance

Department of Transportation (DOT)

NIDA Drug

EBT

DOT

•• Random      •• Post Accident

•• Random      •• Post Accident

•• DOT Exam (Pre-Emp)

•• Pre-Emp      •• Reasonable Suspicion

•• Pre-Emp      •• Reasonable Suspicion

•• DOT Recertification

•• Return to Duty    •• Follow-up

•• Return to Duty    •• Follow-up

**\*Please send this with employee at time of departure to AIM Clinic.**

Available On-Line at [www.aim-care.com](http://www.aim-care.com)