

**Professional Office Building I**  
1220 E Elm Street, Suite 106  
Lima, Ohio 45804

**Lima Memorial Medical Park**  
525 N Eastown Road, Entrance 5  
Lima, Ohio 45807

Tel: 419-226-5180  
Fax: 419-998-4517

DATE \_\_\_\_\_

Please render services to:

NAME \_\_\_\_\_

SSN # \_\_\_\_\_ DOB \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PHONE # \_\_\_\_\_

COMPANY CONTACT NAME \_\_\_\_\_

Please check all tests that apply:

## Physicals

- DOT       NON DOT
- INITIAL/POST-OFFER       ANNUAL SURVEILLANCE       RENEWAL       RTW

## Breath Alcohol Test

- DOT       NON DOT
- PRE-EMPLOYMENT       RANDOM       POST-ACCIDENT
- REASONABLE SUSPICION       FOLLOW-UP       OTHER \_\_\_\_\_

## Urine Drug Test

- DOT       NON DOT
- PRE-EMPLOYMENT       RANDOM       POST-ACCIDENT
- REASONABLE SUSPICION       FOLLOW-UP       OTHER \_\_\_\_\_

## Additional Services

- HEPATITIS B VACCINATION       INFLUENZA VACCINATION       TB TEST
- HEPATITIS A VACCINATION       PNEUMONIA VACCINATION       OTHER \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

OCC HEALTH STAFF SIGNATURE \_\_\_\_\_