SecureMedicalCare
Here when you need us.

☐ 803 Russell Ave.
Gaithersburg, MD 20879
301-869-0700 301-948-1751 - Fax

☐ 10452 Baltimore Avenue
Beltsville, MD 20705
301-441-3355 301-441-3359 - Fax

Authorization for Evaluation or Treatment
Maryland-National Capital Park & Planning Commission

Works in:
☐ Prince Georges' County
☐ Montgomery County

Employee's Name: _____

SSN or ID#: _____ Date of Birth: _____ Phone No.: _____

Job Code: _____ Job Title: _____

Supervisor: _____ Phone #: _____

WORK INJURY	**PHYSICAL EXAMINATION**	**SUBSTANCE ABUSE TESTING**
1. Date of Injury:		(Breath Alcohol & Urine Drug Test)
	☐ Pre placement/Post Offer	Position Type: ☐ DOT* or ☐ Non-DOT
2. Mechanism of Injury	☐ Annual – Park Police	**REASON**
	☐ Fit For Duty	☐ Pre-placement/Post Offer
3. Claim #: Unknown, call Gallagher Bassett 301-944-6300	☐ Return to Duty	☐ Random
	☐ DOT Recertification	☐ Post Accident
EXPOSURE / SPECIFIC EXAM	☐ DOT New Certification	☐ Reasonable Suspicion
☐ Asbestos Exposure & Baseline	☐ Periodic	☐ Return To Duty *
☐ Hepatitis B Immunization		☐ Follow Up *
☐ Lyme Disease		☐ New Certification CDL
☐ Pulmonary Screening/Respirator Clearance	☐ Other:	☐ Other:
☐ Respirator Fit Test		*If job is DOT use direct observation
☐ Respirator Physical		All testing – Use DOT standards
☐ Hazardous Materials Exposure		Supervisors determine if required for post accident

Other Procedures: _____
_____

Special Instructions / Comments: _____
_____
_____
_____

Authorization is hereby given to Secure Occupational Health to perform any diagnostics and exams relative to the injury/illness as provided for in the contract and price chart. I also understand that if for any reason the insurance carrier denies the claim, that the company will assume responsibility for all charges.

Authorized by: _____ Phone No: _____ Date: _____
Signature

Print Name: _____ Title: _____

Employer: - Please send this form COMPLETED and SIGNED. We appreciate your assistance.