

# EAST SIDE OCCUPATIONAL HEALTH CENTER

Company \_\_\_\_\_

Date \_\_\_\_\_

Employee \_\_\_\_\_

\_\_\_\_\_

(first)

(last)

**Is being sent to you for:**

Care of occupational injury

Annual physical

Medical Emergency

Hearing Test

Medical Exam

Vision Test

Return to work

Chest X-Ray

Urine Drug Screen

Other \_\_\_\_\_

(Please Specify)

Supervisor \_\_\_\_\_

**Remarks:**

Applicants for drug screening exams, pre-placement exams, and RTW exams must have a photo I.D. These exams are performed in the morning from 8:00a.m to 11:30a.m. and in the afternoon from 1:30p.m. to 4:15p.m.

