

# Gulf Regional Occupational Medicine Center

## Baton Rouge Location

8742 Goodwood Blvd.  
Baton Rouge, LA 70806  
Phone #: 225-231-7070  
Fax #: 225-231-7069

## Abbeville Location

121 East St. Victor St  
Abbeville, LA 70510  
Phone #: 337-893-0810  
Fax #: 337-893-0890

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### ON-SITE AUTHORIZATION FORM

Company Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Requesting: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\* There will be a \$150 On-Site Fee, please fax this form to our facility and we will contact the person listed above to make On-Site arrangements\***

#### Drug Screen Collection:

- |                                  |                                     |                                 |                              |                                |
|----------------------------------|-------------------------------------|---------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> DOT     | <input type="checkbox"/> Pre-Employ | <input type="checkbox"/> Random | <input type="checkbox"/> P/A | <input type="checkbox"/> Other |
| <input type="checkbox"/> NON DOT | <input type="checkbox"/> Pre-Employ | <input type="checkbox"/> Random | <input type="checkbox"/> P/A | <input type="checkbox"/> Other |

#### Breath Alcohol:

- |                                  |                                     |                                 |                              |                                |
|----------------------------------|-------------------------------------|---------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> DOT     | <input type="checkbox"/> Pre-Employ | <input type="checkbox"/> Random | <input type="checkbox"/> P/A | <input type="checkbox"/> Other |
| <input type="checkbox"/> NON DOT | <input type="checkbox"/> Pre-Employ | <input type="checkbox"/> Random | <input type="checkbox"/> P/A | <input type="checkbox"/> Other |

#### Injections:

- |                              |                                      |                                      |                             |                                    |
|------------------------------|--------------------------------------|--------------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Flu | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> TB | <input type="checkbox"/> Pneumonia |
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#### Other:

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