OCCUPATIONAL HEALTH CENTER

NEW ACCOUNT SET-UP FORM

MOBILE
251.434.6770
2050 Michigan Avenue
Mobile, AL 36615

PASCAGOULA
228.762.4642
5912 Old Mobile Ave., Ste. 1
Pascagoula, MS 39581

MOUNT VERNON
251.265.1215
950 E. Coy Smith Hwy
Mount Vernon, AL 36560

Business Name: Tax ID #:

Physical Address: Local Employee Count:

Billing Email:

Business Phone Number: Fax Number:

Contact Person: Job Title:

Phone: Cell: Email:

Secondary Person: Job Title:

Phone: Cell: Email:

Designated Employer Representative:

Phone: Cell: Email:

RESULTS REPORTING* (Please list names and email addresses of everyone who will need access to exam/test results):

Name: Email:

Name: Email:

Name: Email:

*All results are reported through the PureOHS Employer Portal. Activation emails will be sent to each individual who needs access to the Portal within 48 hours of account setup.

Credit Card Information:

Name on Card:_____ Credit Card #:_____

Exp Date:_____/_____ CVV:_____

Worker's Comp Information:

Do you require a drug test and/or breath alcohol test? ☐ YES ☐ NO If yes, which type?_____

Where do you want us to send Worker's Comp bills? ☐ Company ☐ Insurance

Worker's Comp Billing Information _____

OCCUPATIONAL HEALTH CENTER

NEW ACCOUNT SET-UP FORM

PLEASE SELECT ALL THE SERVICES YOUR COMPANY WISHES TO UTILIZE:

Physicals:

☐ Non-DOT ☐ DOT Physical ☐ Coast Guard ☐ OEUK ☐ FAA (Class 2 & 3)

Drug Tests:

☐ Rapid 5 Panel ☐ Rapid 10 Panel ☐ Non-DOT 5 Panel ☐ Non-DOT 10 Panel ☐ DOT Drug Screen
☐ Hair Analysis (our COC) ☐ Drug Screen Collection ☐ Hair Collection ☐ Oral Fluid Collection
☐ Random Drug Screen ☐ Post Accident ☐ Reasonable Suspicion

Breath Alcohol Tests:

☐ Non-DOT Breath Alcohol Test ☐ DOT Breath Alcohol Test ☐ Reasonable Suspicion

Respirator Testing:

☐ Fit Testing – Mask Type/Make/Model _____
☐ Fit Testing Qualitative ☐ Fit Testing Quantitate ☐ OSHA Respirator Medical Questionnaire/Clearance
☐ Pulmonary Function Test

Other Testing:

☐ Audiogram ☐ Vision Testing ☐ EKG ☐ Chest X-ray ☐ Lumbar X-ray
☐ Ishihara Color Vision Test ***(In Addition to Vision Testing)***

Lab-Based Testing:

☐ OHC Lab Requisitions ☐ Company Lab Requisitions
☐ CBC ☐ Chemistry Profile ☐ Lipid Profile ☐ Hemoglobin A1C ☐ Urinalysis w/micro
☐ TB Skin Test ☐ Quantiferon TB Gold ☐ Other _____

Immunizations/Vaccines:

☐ Influenza ☐ Hepatitis A Series ☐ Hepatitis B Series ☐ Tdap ☐ Varicella ☐ MMR
☐ Other Vaccines _____
☐ Overseas/Travel Vaccines (based on CDC recommendation) _____

Other Services not listed above _____

_____

_____

_____

Return Completed Form to: **KHebert@occupationalhc.com**