

Covenant Occupational Health: New Company Form

600 Irving Ave, Saginaw, MI 48602 Ph 989-583-6130 Fx 989-583-6003
2919 Wilder Rd, Suite 130 Bay City, MI 48706 Ph 989-671-5720 Fx 989-671-5728
1549 Washington, Midland, MI 48640 Ph989-837-2647 Fx 989-837-6625

Company Name: _____

Phone: _____ Secure Fax: _____

Address: _____

Billing Address (if Different then above) _____

Company Contact Person: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Any Additional Contacts with Phone Numbers: _____

Worker's Comp Carrier Name: _____

Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Services you are Requesting: (Please check all that apply, Circle selection in ())

Physical Exams: ___ Pre-Employment Physical ___ Dot Physical

Specialty Physicals _____

Drug Testing: (House is with our Chain of Custody and MRO, Collection is your Chain of Custody and MRO)

___ Non-DOT screening (House 5, 8, 10, or Special Panel _____ or Collection)

___ DOT Screening (House or Collection)

___ Hair Sample Screening (House or Collection)

___ Breath Alcohol Testing (Non-DOT or DOT, House or Collection)

Other Services: ___ Audiogram ___ PFT ___ Respirator Fit Testing

___ Vision Testing (Titmus Ishihara Snelling Jaeger) ___ Lab Services

___ TB testing (Skin test or TB Gold Lab Draw)

___ Immunizations (Hep B, Hep A, Varicella, MMR, Tetanus, TDap, Flu)

___ Worker's Comp Injuries ___ Wellness Screening

Misc: How would you like results reported? ___ Secure Fax ___ Email