



443 Frye Farm Road, Upper Level
 Greensburg, PA 15601
 Phone: 724-765-1230 Fax: 724-765-1232

Employer's Protocol Checklist

Company Name _____ Address _____

Designated Employee Representative _____ Phone _____ Secure Fax _____

Workers Compensation Information Injury _____ Illness _____ Claim number: _____

Claims Representative	
Insurance Company	
Phone number	
Fax number	

Standard Services (Employees must bring photo ID for all services)

Physical Examinations	Substance Testing	Other
<input type="checkbox"/> Pre-placement	<input type="checkbox"/> Federal <input type="checkbox"/> Non-Federal	<input type="checkbox"/> Audiogram <input type="checkbox"/> Respiratory Fit testing <input type="checkbox"/> Spirometry/PFTs
<input type="checkbox"/> CDL/DOT	Urine <input type="checkbox"/> 5 panel <input type="checkbox"/> 10 panel <input type="checkbox"/> 11 panel <input type="checkbox"/> 16 panel <input type="checkbox"/> Other _____	Vaccinations/Injection <input type="checkbox"/> Hep B <input type="checkbox"/> Tetanus/Tdap <input type="checkbox"/> Hep A <input type="checkbox"/> Varicella <input type="checkbox"/> MMR <input type="checkbox"/> PPD
<input type="checkbox"/> Fitness for Duty/Return to Work	<input type="checkbox"/> Send out Urine <input type="checkbox"/> Rapid (Instant) urine	Labs <input type="checkbox"/> Quantiferon (blood test for TB) <input type="checkbox"/> CBC/diff <input type="checkbox"/> Titters _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Respirator	<input type="checkbox"/> Pre-placement <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return to work <input type="checkbox"/> Consortium <input type="checkbox"/> Other _____	<input type="checkbox"/> X-rays <input type="checkbox"/> EKG <input type="checkbox"/> Other: _____
<input type="checkbox"/> Surveillance <input type="checkbox"/> Type _____	<input type="checkbox"/> Hair <input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> Lift Testing (discuss before scheduling) (include job description)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Authorized by: _____ Title: _____ Date: _____