***Employee must present Authorization Form & Photo ID at time of service***

**Address: 449 W Liberty Street, Medina, OH 44256**

**Hours of Operation: 8am–4:30pm, Monday–Friday (no appointment necessary)**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select testing to be performed by collector and the reason for testing:

|  |  |
| --- | --- |
| [ ]  Non-DOT | [ ]  DOT |
| **Reason for Testing** [ ]  Pre-Employment [ ]  Random [ ]  Post-Accident [ ]  Reasonable Suspicion | **Testing to be Performed** [ ]  Drug test [ ]  Alcohol test [ ]  Fingerprinting |
| DOT observed Return-to-Duty and Follow-up testing **must** be scheduled with the office in order to ensure that we have the proper collector available to perform the test |

Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_