



MAHASKA

HEALTH PARTNERSHIP

Occupational Health • 410 N 12th St, Ste 201 • Oskaloosa, IA 52577
641-672-3282

Employee _____ SSN _____

Has been instructed to report to Occupational Health Services for:

- DOT Drug Screen
 - Pre-employment
 - Random
 - Post Accident
 - Reasonable Suspicion/Probable Cause

- DOT Breath Alcohol Test
 - Random
 - Post Accident
 - Reasonable Suspicion/Probable Cause

- Non-DOT Drug Screen
 - Pre-employment
 - Random
 - Post Accident
 - Reasonable Suspicion/Probable Cause

- Non-DOT Breath Alcohol Test
 - Random
 - Post Accident
 - Reasonable Suspicion/Probable Cause

- DOT Physical
- Post-offer Physical
- Work Comp Initial
- Work Comp Follow-up
- Audiogram
- Pulmonary Function Test
- Respiratory Fit Test
- Other _____