



Summa Health Corporate Health Authorization and Referral Form

Appointment Information (Photo Identification Required)

Appointment Date: _____ Time: _____
Employee Name: _____
Company Name: _____

Please check all required services below:

- Injury Treatment
 - Date/Time of Injury: _____
 - If State-Insured, Provide MCO Name: _____
- Physical Examination – Please Specify Below:

<input type="checkbox"/> Pre-Placement Physical	<input type="checkbox"/> Return to Work (attach job description)
<input type="checkbox"/> Annual	<input type="checkbox"/> Fit for Duty (attach job description)
<input type="checkbox"/> DOT Pre-Placement	<input type="checkbox"/> Functional Capacity Evaluation (FCE)
<input type="checkbox"/> DOT Recertification	<input type="checkbox"/> T-8 Bus Driver
<input type="checkbox"/> P.I.T. Evaluation	<input type="checkbox"/> Pulmonary Function Testing
<input type="checkbox"/> New Hire <input type="checkbox"/> Recertification	<input type="checkbox"/> Audiometric Screening
<input type="checkbox"/> Respiratory Clearance	<input type="checkbox"/> Immunization(s): _____
<input type="checkbox"/> Exam <input type="checkbox"/> Fit Test	<input type="checkbox"/> OSHA Medical Surveillance
<input type="checkbox"/> Hearing Test	
<input type="checkbox"/> Other Screening/Testing: _____	
- Substance Abuse Testing

Testing Type:	Reason for Testing (Required):
<input type="checkbox"/> Urine Drug Screen <ul style="list-style-type: none"> <input type="checkbox"/> DOT – Agency (circle): FMCSA FRA FTA FAA Other: _____ <input type="checkbox"/> Non DOT <input type="checkbox"/> Rapid 	<input type="checkbox"/> Pre-placement
<input type="checkbox"/> Breath Alcohol Screen	<input type="checkbox"/> Reasonable Suspicion or Cause
<input type="checkbox"/> Hair Drug Screen	<input type="checkbox"/> Random
<input type="checkbox"/> Saliva Drug Screen	<input type="checkbox"/> Post-Accident/Injury
<input type="checkbox"/> Specimen Collection ONLY	<input type="checkbox"/> Return to Work
<input type="checkbox"/> Urine	<input type="checkbox"/> Follow-Up
<input type="checkbox"/> Hair	<input type="checkbox"/> Other: _____

Services Authorized By:

Company Representative: _____
Title: _____
Phone Number: _____
Comment/Special Instructions: _____

Please Give This To Receptionist Upon Arrival

Corporate Health Services

Prevention

- Audiograms
- Ergonomic Assessments of Work Areas
- Health Risk Assessments
- Hearing Conservation
- Immunizations (travel health and workplace)
- On-Site Safety Risk Assessments
- Respirator Fit Testing
- Routine Laboratory Testing
- Tuberculosis (TB) Screening
- Titmus Vision Screening

Evaluation

- ADA Assessments
- Annual Physical Exams
- Department of Transportation (DOT) Exams
- Executive Physicals
- EKGs
- Fitness for Duty
- HAZMAT Exams
- OSHA Required Exams
- Police/Fire Pension Fund Exams
- Pre-Employment Physical Exams
- Return to Work Evaluations
- Pulmonary Function Screening
- Surveillance Screening/ Exams
- T8 Bus Driver Exams
- X-Rays

Medical Directorship, Consulting and Administrative Services

- AED Program Management
- First Aid Program Management
- Policy Review and Consultation

On Site/ Mobile Services

- Mobile/On-Site Testing
- On-Site Nursing Services

Rehabilitation

- Functional Capacity Evaluations (FCE)
- Occupational Therapy
- Physical Therapy
- Transitional Work
- Work Conditioning

Substance Abuse

- Breath Alcohol Testing
- DOT and Non-DOT Drug Testing
- Drug-Free Workplace Program Management
- Employee and Supervisor Training
- MRO Services

Wellness Programs

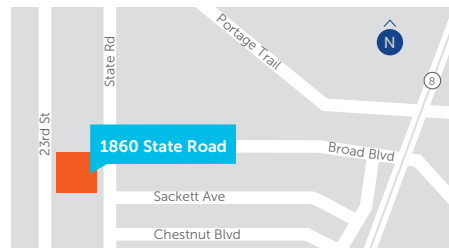
- Health Risk Appraisals
- Health Screenings (blood pressure, cholesterol/ lipids, glucose, PSA)
- Wellness Educational Programs

Convenient hours are available at six locations



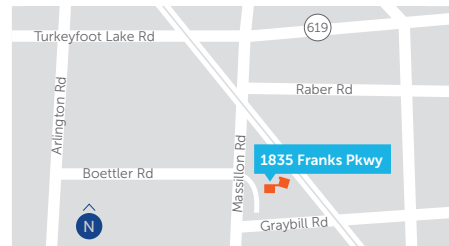
Summa Health Rootstown Medical Center
4211 State Route 44, Suite 1560
Rootstown, OH 44272

- Phone: 330.325.7237
- Fax: 330.325.7238
- Hours: Monday – Friday
7:30 a.m. – 4:00 p.m.



Summa Health Cuyahoga Falls Medical Center
1860 State Road, Suite C
Cuyahoga Falls, OH 44223

- Phone: 330.940.5770
- Fax: 330.940.5771
- Hours: Monday – Friday
7:30 a.m. – 5:00 p.m.



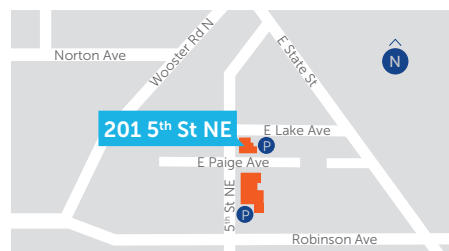
Summa Health Green Medical Center
Heritage Crossings of Green
1825 Franks Parkway
Door 2
Uniontown, OH 44685

- Phone: 330.899.5540
- Fax: 330.899.5543
- Hours: Monday – Friday
7:30 a.m. – 5:00 p.m.



Summa Health Wadsworth-Rittman Medical Center
(Emergency Department Entrance)
195 Wadsworth Road
Wadsworth, OH 44281

- Phone: 330.331.1510
- Fax: 330.331.1923
- Hours: Monday – Friday
7:30 a.m. – 5:00 p.m.



Summa Health Tuscora Park Pavilion
(Next to Summa Health System – Barberton Campus)
201 Fifth Street NE, Suite 11
Barberton, OH 44203

- Phone: 330.615.5300
- Fax: 330.615.5310
- Hours: Monday – Friday
7:30 a.m. – 4:00 p.m.

