



COMPANY / EMPLOYER PROFILE

***Please fax this form to (866) 672-8222 or mail to 3550 E. Philadelphia Street, Suite 150, Ontario, CA 91761.**

<u>Company Name:</u>	
<u>Address:</u>	
<u>City, State & Zip:</u>	
<u>Mailing Address (if different from above):</u>	
<u>City, State & Zip:</u>	
<u>Company Contact (1):</u>	
<u>Company Contact Phone (1):</u>	<u>Company Contact E-mail (1):</u>
<u>Company Contact (2):</u>	
<u>Company Contact Phone (2):</u>	<u>Company Contact E-mail (2):</u>

INSURANCE COMPANY

***Is your company self insured** Yes No

<u>Insurance Carrier:</u>	
<u>Worker's Comp Policy #:</u> 001592114	
<u>Address:</u>	
<u>City, State & Zip:</u>	
<u>Phone #:</u>	<u>Fax #:</u>
<u>Company Contact (2):</u>	
<u>Company Contact Phone (2):</u>	<u>Company Contact E-mail (2):</u>

INJURIES (Please check preferences)

***Do you have modified duty available for the injured employee?** Yes No

***Would you like a drug screen performed with all injuries?** Yes No

***Would you like a breath alcohol test performed with all injuries?** Yes No

***Please indicate who should be contacted for injuries:**

<u>Company Contact (1):</u>	
<u>Phone / Fax # (1):</u>	<u>Email (1):</u>
<u>Company Contact (2):</u>	
<u>Phone / Fax # (2):</u>	<u>Email (2):</u>

WORK STATUS

*Please indicate how you prefer to receive the work status reports? (check one):

- Phone Fax Mail Email

PHYSICAL EXAMINATIONS (Please check preferences)

*Would you prefer to have a drug screen done with all physicals? Yes No

*Would you prefer to have a breath alcohol test performed with all physicals? Yes No

*Please indicate how you prefer to receive physical examination results?

- Phone Fax Mail Email

*Physical examinations include a thorough examination by the healthcare provider, including Urine Dip & Visual Acuity exam. Please indicate any other additional testing that you require (check below):

- Audiometry
- Back Evaluation
 - X-Rays
 - Weight ____ lbs.
- Electrocardiogram
- Pulmonary Function Testing
- Titmus Vision Exam

TYPES OF DRUG SCREENING PREFERRED (Please check preferences from options below)

- BAT DOT Non-DOT Post-Accident
- Post-Offer Random Rapid Reasonable Suspicion
- Return to Work

SPECIAL INSTRUCTIONS (Please identify below)
