



**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 &amp; Zip:</u>	
<u>Mailing Address (if different from above):</u>	
<u>City, State &amp; 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 &amp; 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)
