

**CITY OF BATON ROUGE-PARISH OF EAST BATON ROUGE**  
Authorization for Medical Clinic Visit

**Date:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Division** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Employee ID No.:** \_\_\_\_\_

**Report to:** (Check One)

\_\_\_\_ TOTAL Occupational  
3333 Drusilla Lane  
Office: 924-4460  
Fax: 927-0547

\_\_\_\_ Concentra Medical Center  
3235 Perkins Road  
Office: 387-3030  
Fax: 387-4521

\_\_\_\_ BRG Occupational  
3870 Convention St.  
Office: 381-6249  
Fax: 336-2912

**Reason:** (Check One)

\_\_\_\_ New Employee Pre-placement Physical Exam and Drug/Alcohol Screen

\_\_\_\_ Fit-For-Duty Physical Exam  
(Employee does not have release from personal physician, or does have but supervisor has some concerns)

\_\_\_\_ Serious Incident (post accident) Drug/Alcohol Screen (Drug Ordinance paperwork must be included)

\_\_\_\_ Reasonable Cause Drug/Alcohol Screen (Drug Ordinance paperwork must be included)

\_\_\_\_ On-the-Job Injury (Workers' Comp. Office will notify if WC drug/alcohol screen is needed; if questionable as to being a job-related injury, call WC at 389-3267)

\_\_\_\_ CDL Physical Exam and Drug/Alcohol Screen. Employee agrees to voluntarily submit to A Medical Exam and Drug/Alcohol Screen

\_\_\_\_ Special Physical Exam and Drug/Alcohol Screen  
(Administrative referral as per Chapter 3 of Safety Manual--Ordinance 3888)

\_\_\_\_ Other: \_\_\_\_\_

NOTE: Send results to: \_\_\_\_ Human Resources \_\_\_\_ Fire Dept. \_\_\_\_ Police Dept.

\_\_\_\_\_  
**Signature**  
Department Representative

\_\_\_\_\_  
**Signature**  
Employee/Prospective Employee