



****NOTE: PATIENT SELF PAYS FOR SERVICES****

Medical Authorization

Client Information

Employee/Applicant Name	Date
Employer Name Chicago Maritime School	
Company Contact Bill Russell submissions@nmcapplication.com	Please e-mail CG Form results
Phone 773-454-9004	Authorization Expires ____ / ____ / ____

Authorized by (Print & Sign):

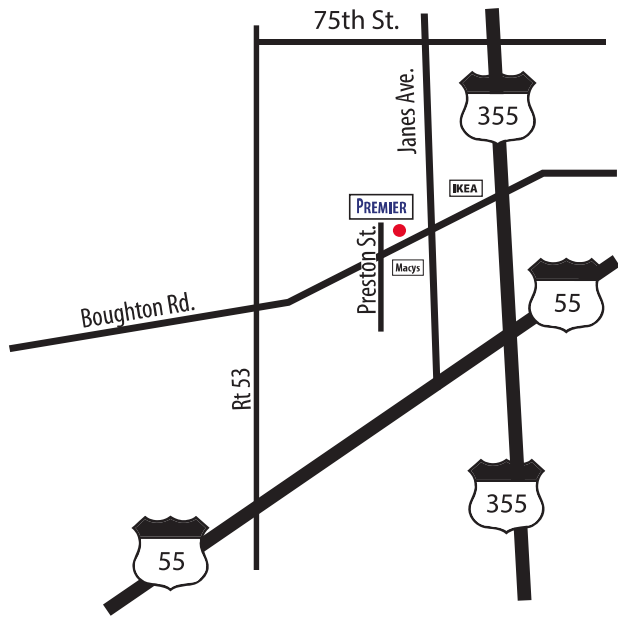
Types of Service Requested

<input type="checkbox"/> Treatment of work related injury. Body Part: _____ Date of injury ____ / ____ / ____ Time of injury _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Include: <input type="checkbox"/> Post Accident Drug <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Physical examination <input type="checkbox"/> Post Offer (pre-employment) Position _____ <input type="checkbox"/> DOT Exam <input type="checkbox"/> PRE EMP <input type="checkbox"/> RECERT <input type="checkbox"/> Respirator Clearance Exam <input type="checkbox"/> Periodic/Annual Exam <input type="checkbox"/> Fit for Duty <input type="checkbox"/> School Bus Driver Exam <input type="checkbox"/> New Hire <input type="checkbox"/> Annual <input type="checkbox"/> Other Services <input type="checkbox"/> Audiometry <input type="checkbox"/> Lab Work <input type="checkbox"/> Vision <input type="checkbox"/> Mask Fit Test <input type="checkbox"/> Spirometry/PFT <input type="checkbox"/> Other Service or Testing _____ _____	<h4>Drug or alcohol testing</h4> <input type="checkbox"/> Drug Screen DOT <input type="checkbox"/> Drug Screen Non-DOT <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return to duty <input type="checkbox"/> Follow up <input type="checkbox"/> Breath Alcohol DOT <input type="checkbox"/> Breath Alcohol Non-DOT <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Return to duty <input type="checkbox"/> Follow up <h4>Imunization</h4> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Tetanus <input type="checkbox"/> Other _____ _____
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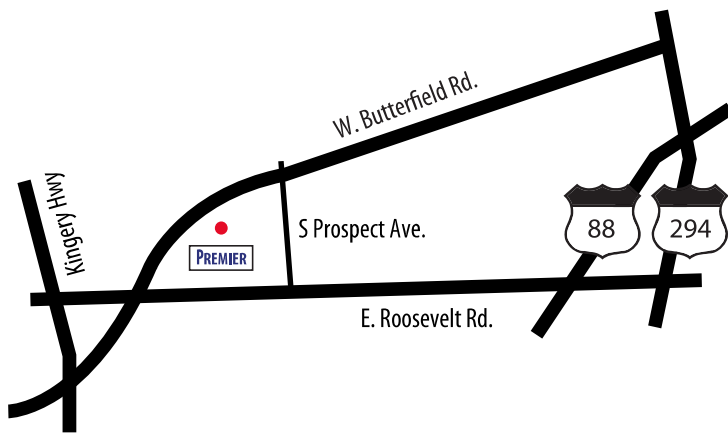
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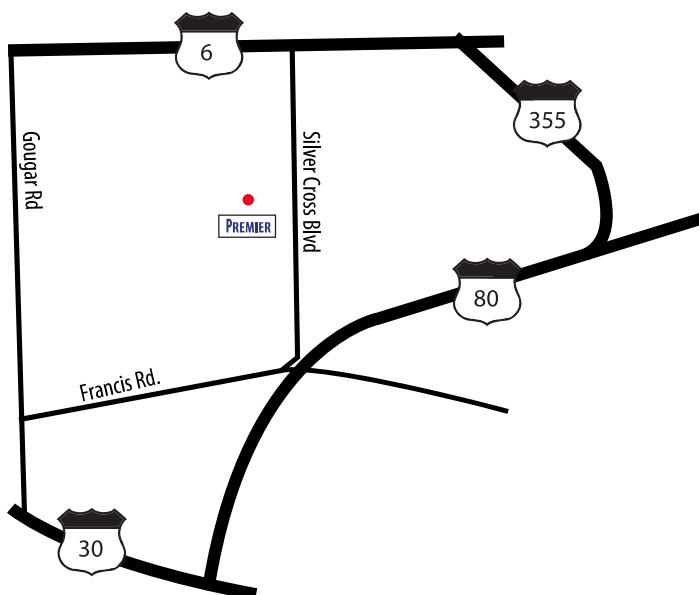
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