THE UNIVERSITY OF KANSAS HEALTH SYSTEM
ST. FRANCIS CAMPUS

LAKE SHAWNEE
3310 SE 29th St
Suite 300
Topeka, KS 66614
Phone (785) 588-4890 Fax: (785) 730-2637

WANAMAKER
2641 SW Wanamaker Rd
Suite 150
Topeka, KS 66614
Phone: (785) 272-2161 Fax: (785) 272-1970

BREWSTER
1101 Southwest 29th St
Topeka KS 66611
Phone: (785) 596-6088 Fax: (785) 730-2680

AUTHORIZATION FORM

Send the form with your employee or **fax** it to: **(785) 272-1970**

DATE: _____

EMPLOYEE NAME: _____ **DATE OF INJURY:** _____

COMPANY NAME: Auburn Washburn USD437 **PHONE:** 785-339-4000

COMPANY ADDRESS: 5928 SW 53rd St **FAX:** _____

CITY: Topeka **STATE:** KS **ZIP:** 66610 **PO/JOB #:** _____

SUPERVISORS NAME: _____ **PHONE:** _____

SEND REPORTS VIA: ☐ **FAX** _____ ☐ **E-MAIL** _____

☐ **MAIL** _____ ☐ **OTHER** _____

******SERVICES RENDERED ON CHECKED ITEMS ONLY******

PHYSICAL EXAMS
- ☐ DOT Physical
- ☐ Non-DOT
- ☐ Hazardous Waste
- ☐ Crane Operators
- ☐ Merchant Mariner/CG
- ☐ Other _____

REASON FOR TEST
- ☐ Pre-Employment
- ☐ Annual
- ☐ Random
- ☒ Post-Accident
- ☐ Reasonable Cause
- ☐ Follow- Up
- ☐ Return to Duty
- ☐ Other _____

WORK COMP INJURY
- ☐ Bill Above Named Company
- ☒ Bill Insurance Carrier

Insurance Carrier Info:
Name: KASB Workers Compensation Fund
Address: 6342 SW 21st St
Phone: 785-271-4531
Adjuster: Liz Maisberger-Clark
Claim #: _____

***It is the responsibility of the company to call in a First Report of Injury (Form IA-1) to your workers compensation insurance carrier.**

URINE DRUG SCREEN
- ☐ DOT (CDL) *
- ☐ Non-DOT
- ☐ DOT Collection Only *
- ☒ Non-DOT Collection Only
- ☐ Quick Screen
- ☐ **OBSERVATION** required for drug screen

HAIR SAMPLE DRUG SCREEN
- ☐ Psychemedics
- ☐ Quest

ALCOHOL TESTING
- ☐ DOT
- ☐ Non-DOT
- ☐ Breath
- ☐ Saliva

***ALL DOT DRUG SCREENS MUST SPECIFY TESTING AGENCY**
- ☐ HHS
- ☐ NRC
- ☐ FMCSA
- ☐ FAA
- ☐ FRA
- ☐ FTA
- ☐ PHMSA
- ☐ USCG

TEST
- ☐ Audiogram
- ☐ Pulmonary
- ☐ Respirator Fit

(Type of Mask)_____

_____
- ☐ Chest X-Ray (1 view)
- ☐ Chest X-Ray (2 views)
- ☐ EKG
- ☐ Lumbar X-Ray (2 views)
- ☐ Lumbar X-Ray (3 views)
- ☐ Lumbar X-Ray (5 views)
- ☐ Eye Exam Only
- ☐ Cervical X-Ray (2 views)
- ☐ Cervical X-Ray (5 views)
- ☐ Other: _____

INJECTIONS
- ☐ Flu Vaccine
- ☐ Hepatitis B Vaccine
- ☐ Tetanus Shot
- ☐ TB Skin Test
- ☐ Other: _____

LABORATORY TEST
- ☐ Industrial Chem
- ☐ CBC
- ☐ Lead Blood
- ☐ ZPP (Zinc)
- ☐ HIV
- ☐ Other: _____

AUTHORIZED BY: Chelsea Clark **TITLE:** Executive Director of Human Resources
(PRINT NAME) (REQUIRED)