OCCUPATIONAL MEDICAL SERVICES
Your Partner in Employee Health

COMMUNITY COLLEGES OF BALTIMORE COUNTY
EMPLOYER AUTHORIZATION FOR MEDICAL TREATMENT

Must present valid state or federally issued PHOTO ID at time of service. (i. e., Drivers License, Military ID, etc.)

If you are under the age of 18 you must be accompanied by a parent or guardian.

PLEASE - NO UNSUPERVISED CHILDREN UNDER 10 YEARS OF AGE IN CLINIC - PLEASE PRINT LEGIBLY

Patient Name:	Patient Home Phone:
ID# (last four digits of SSN#):	Date of Birth:
Dept Location: Phone:	Job Title:

TO BE COMPLETED BY COMMUNITY COLLEGES OF BALTIMORE COUNTY *Please make appropriate selection below:*

Work Related: ☐ Injury Date of Injury: _____

☐ Post Accident Drug Screen ☐ Post Accident Breath Alcohol

☐ **POST OFFER - PHYSICAL/ERS**

☐ **DOT PHYSICAL**
- ☐ New Cert
- ☐ Re Cert

☐ **DOT DRUG SCREEN**

Special Instructions/Comments: _____

I authorize Occupational Medical Services, Inc. to service the above named patient as selected. Further, as an authorized representative of Community Colleges of Baltimore County, I acknowledge financial responsibilty for these services.

Authorized By: Print Sign Date

CCBC-A