



220 N. Cobb Pkwy. Ste. 400 Marietta, GA 30062
770-424-7125

EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT
(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

Applicant Name: _____

Company Name: **COBB COUNTY GOVERNMENT** _____

Department Name: _____

Address: _____

WORK-RELATED INJURY

_____ Injury Care

HEPATITIS B VACCINATION

_____ Hep B Vaccine – 1st Injection
_____ Hep B Vaccine – 2nd Injection
_____ Hep B Vaccine – 3rd Injection

_____ Hep B Vaccine Surface Antibody
_____ Hep B Vaccine Surface Antigen
_____ Hep B Vaccine Booster
_____ Hep B Titer

PRE-PLACEMENT EVALUATION

Job Title: _____
(Must Be Completed By Cobb Cty Hiring Personnel)

_____ Physical Exam
_____ Non-Regulated Drug Screen Only

ANNUAL/SPECIAL PHYSICAL EXAMINATIONS

Job Title: _____
(Must Be Completed By Cobb Cty Hiring Personnel)

_____ Respirator
_____ Hazmat
_____ DOT Recertification (DOT Positions Only)
_____ Return to Work
_____ Asbestos
_____ Other _____

***Attention Concentra Staff – Perform physical components following established protocol for Job Title.**

SUBSTANCE ABUSE TESTING

This Section For Substance Abuse Testing Only

Job Title: _____
(Must Be Completed By Cobb Cty Hiring Personnel)

_____ Drug Screen
_____ Breath Alcohol
_____ Drug Screen and Breath Alcohol

Type:
_____ Regulated (DOT Positions Only)
_____ Non-Regulated

Purpose:
_____ Pre-placement (New Hire)
_____ Random
_____ Post Accident
_____ Reasonable Suspicion

Authorized By: _____

Title: _____

Phone: _____

Date: _____