BOBBY JINDAL, Governor

Office of Juvenile Justice

MARY L. LIVERS, Ph.D., MSW, Deputy Secretary

OHC Employee Health Referral Form

Agency Info:
State of Louisiana/Office of Juvenile Justice
Referring Facility / Regional Office / Central Office:

_____

Address: _____

Contact: _____Phone:_____Fax:_____

Employee Info:
Employee Name: _____

Employee #:_____

Name and Location of Occupational Health Center Requested

_____

Services to be performed today (check all that apply):

- ☐ Pre-Employment Physical Examination
- ☐ Non-Dot Physical Examination
- ☐ Other_____
- ☐ Urine Drug Screen
- ☐ Confirmatory Drug Test
- ☐ Breath Alcohol Test
- ☐ TB Skin Test
- ☐ Chest X-Ray
- ☐ Hepatitis B Vaccine

SPECIAL INSTRUCTIONS:

Authorized by: _____ Date: _____