



# 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: |
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Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_