

JOHN BEL EDWARDS, Governor
JAMES BUECHE, PH.D, Deputy Secretary

Office of Juvenile Justice



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):

- | | |
|--------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Pre-Employment Physical Examination | <input type="checkbox"/> Urine Drug Screen |
| <input type="checkbox"/> Non-Dot Physical Examination | <input type="checkbox"/> Confirmatory Drug Test |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Breath Alcohol Test |
| | <input type="checkbox"/> TB Skin Test |
| | <input type="checkbox"/> Chest X-Ray |
| | <input type="checkbox"/> Hepatitis B Vaccine |

SPECIAL INSTRUCTIONS:

Authorized by: _____

Date: _____