



DATE OF SERVICE

EMPLOYEE NAME

SSN

COMPANY NAME

GCSC MEMBER ID#

PO#

REASON FOR VISIT

- ANNUAL PRE-EMPLOYMENT RANDOM POST INCIDENT OTHER:

DRUG AND ALCOHOL TESTING SERVICES

- BREATH ALCOHOL DOT BREATH ALCOHOL
INSTANT 10-PANEL URINE
10 PANEL URINE LAB DOT URINE LAB
ORAL FLUID LAB
HAIR LAB
DISA SERVICES
AUTHORIZATION #:

QUANTITATIVE FIT TESTING

- FIT TEST RESPIRATOR CLEARANCE
3M 6000 FF SCOTT AV 3000 FF OTHER 1/2:
3M 6000 1/2 MSA ADV 420 1/2
3M 6500 1/2 MSA ADV 200 1/2 OTHER FF:
3M 6700 FF N95
3M 7800 FF

OTHER

- PULMONARY FUNCTION TEST AUDIOMETRIC SCREENING VISION SCREENING

COMMENTS:

AUTHORIZED BY

PHONE#

EMAIL

EMAIL FORM TO OHS@MYGCSC.COM