

Service Request Form

EMPLOYER INFORMATION Date _____ Time _____ :

Employee Name _____

Company Name _____

Company Address _____

Company Contact Person _____ Phone _____

PLEASE CHECK SERVICES REQUESTED

DRUG SCREENS

Non-DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion

DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion

BREATH ALCOHOL

Non-DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion

DOT

- Pre-employment
- Post-accident
- Random
- Reasonable Cause Suspicion

PHYSICAL/ COMPONENTS

DOT / Non-DOT

- DOT Physical
- Non-DOT Physical
- PFT
- Audiogram
- Immunization
- Other/work injury: _____
- _____
- _____
- _____

Portneuf WorkMed

NorthGate Plaza
2850 Olympus Drive
Pocatello, ID 83201
Phone 208-239-1940 Fax 208-233-4506

Hours

Mon-Thu 8am-5pm
Friday 8am-1pm
*Drug Screens:
Please arrive 2 (two) hours prior to closing.*



Portneuf.org

DOC NO WM00050 (02/03/23) RK

WorkMed

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