

EWR MEDPORT

Newark Liberty International Airport
Building 339 Suite 201
Newark, NJ 07114
P-(973)877-0991 F-(973)710-9149

JFK MEDPORT

JFK International Airport
Building 14 Suite 14A
Jamaica, NY 11430
P-(718)-656-1245 F-(718)656-3060

LGA MEDPORT

La Guardia Airport
American Airlines Hanger 3 Suite 109
Flushing, NY 11371
P-(718)-476-5620 F-(718)476-5162

Authorization Form

Patient's Name: _____ Social security: _____
Company: _____ Position: _____

Workers Compensation

☐ Injury (Date of): _____ ☐ Illness ☐ Return to work evaluation

Physical Examination

☐ Taxi/Run-Up Physical ☐ DOT Physical ☐ Pre-Employment ☐ Other
☐ Audiogram/Hearing Test ☐ Vision Testing ☐ PPD Skin Test ☐ 19 A Physical

Urine Drug Screening

☐ DOT (Regulated) ☐ Non-DOT (Non Regulated)

Reason for Urine Drug Screen

☐ Pre-Employment ☐ Post Accident ☐ Random ☐ Reasonable Suspicion
☐ Periodic ☐ Follow-Up ☐ Return to Duty

Breath Alcohol Testing

☐ DOT (Regulated) ☐ Non-DOT (Non Regulated)

Reason for Breath Alcohol Testing

☐ Pre-Employment ☐ Post Accident ☐ Random ☐ Reasonable Suspicion
☐ Periodic ☐ Follow-Up ☐ Return to Duty

Bill to:

☐ Company ☐ Patient ☐ Private Insurance ☐ Workers Compensation

Authorized by: _____ Signature: _____

Contact Number: _____ Date: _____

Comments: _____