

AIRPORT MEDICAL OFFICES
JFK International Airport
Jamaica, New York 11413
Tel: 718-244-1644 · Fax: (718) 244-1622
website: www.airportmedicaloffices.com

Patient's Name: _____ Social Security: _____

Company: _____ Position: _____

Worker's Compensation

Injury (Date of: _____) Illness Return to Work Evaluation

Physical Examinations

Respirator Physical Taxi / Run Up Physical DOT Physical Pre-Placement

Audiogram Vision Testing Other _____

Urine Drug Screening

DOT (Regulated) NON-DOT (Non-Regulated)

Reason for Urine Drug Screen

Pre-Placement Post Accident Random Reasonable Suspicion Periodic Follow-up

Breath Alcohol Testing

DOT (Regulated) NON-DOT (Non-Regulated)

Reason for Breath Alcohol Testing

Pre-Placement Post Accident Random Reasonable Suspicion Periodic Follow-up

Bill To: Company Patient Private Insurance Workers Compensation

Authorized by: _____ Signature: _____

Contact number: _____ Date: _____

Comments: _____
