



Employer's Authorization for Services

Any Time Analysis

1507 South College Avenue Bryan, Texas 77801

www.anytimeanalysis.com

Phone: 979-823-9000 Fax: 979-823-9005

Company Name: _____

Employee/ Applicant Name: _____

Sent By (print name): _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____ Email: _____

Instructions: _____

Date: ____/____/20__ Appointment Time: ____:____ (for physicals only)

<p>Reason for Testing:</p> <p><input type="checkbox"/> Pre-Employment</p> <p><input type="checkbox"/> Post-Accident</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Reasonable Suspicion</p> <p><input type="checkbox"/> Follow Up</p> <p><input type="checkbox"/> Return to Duty</p> <p><input type="checkbox"/> Other _____</p>	<p>Testing: <input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT</p> <hr/> <p><input type="checkbox"/> Rapid Testing: 5 or 10 (circle one)</p> <p><input type="checkbox"/> Lab Drug Testing: ____ (# of drugs)</p> <p><input type="checkbox"/> Rapid K2/Spice Testing</p> <p><input type="checkbox"/> Urine Alcohol 80- hr</p> <p><input type="checkbox"/> Breath Alcohol</p> <p><input type="checkbox"/> Hair Testing: 5 or 10 (circle one)</p>
<p>Physicals:</p> <p><input type="checkbox"/> New DOT</p> <p><input type="checkbox"/> DOT Recert</p> <p><input type="checkbox"/> Non-DOT</p> <p><input type="checkbox"/> Human Performance Evaluation</p> <p><input type="checkbox"/> Spirometry/PFT</p> <p><input type="checkbox"/> Hearing Test</p>	<p>Other Services:</p> <p><input type="checkbox"/> Flu Vaccine</p> <p><input type="checkbox"/> Hepatitis B Vaccine</p> <p><input type="checkbox"/> TB Skin Test</p> <p><input type="checkbox"/> Blood Testing _____</p> <p><input type="checkbox"/> Respirator Mask Fit Testing</p>

Directions from TAMU:

1. Travel North Welborn Road to the dead end at Villa Maria
2. Turn right on Villa Maria
3. Turn left on South College Avenue
4. Any Time Analysis will be on the right-hand side five blocks after you pass the light at Carson Street

