

704 Thimble Shoals Blvd., Suite 200, Newport News, VA 23606

(757) 240-5580 Fax: (757) 240-5579* Hours: M-F 8-4:30 Sat-Sun Closed

593 Aberdeen Road, Hampton, VA 23661

(757) 825-1100 Fax: (757) 838-2034 * Hours: M-F 7:30-7:30 Sat-Sun 9-2:30

1290 Diamond Springs Road, Virginia Beach, VA 23455

(757) 460-0700 Fax: (757) 460-6319 * Hours: M-F 7:30-7:30 Sat-Sun 9-2:30

838 A Old George Washington Hwy, Chesapeake, VA 23323

(757) 487-9600 Fax: (757) 487-6090 * Hours: M-F 8-4:30 Sat-Sun Closed

EMPLOYER MEDICAL REQUEST

Official Photo	Did ID/Driver's Lice	ense Required
		is authorized to be treated
I & O Medical Center for one o	r more of the fo	llowing reasons:
☐ Workers Compensation Inju	ıry	
☐ Physical:		
☐ Company/Pre- Empl	loyment	☐ Respirator
□ D.O.T.		☐ Ergo
☐ Hazardous Material:	•	•
☐ Drug Screen : ☐ 5 panel Of		
		☐ Reasonable Suspicion
	outy 🗆 Randor	
	•	cable for DOT employees*
☐ Urine Drug Screen		r Drug Screen
☐ Breath Alcohol Test		3
☐ Other:		
Authorized by (print name)	Phone #	Company Name