



Occupational Health Services

4711 N Brady St. Ste 3-S
Davenport, IA 52806
Ph: 563-326-5855
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Service Request Form

Please print. Select service(s) requested and have the employee bring this form along with a current valid driver's license or state issued i.d. to his or her appointment

Company Name: _____

Employee Name: _____

Authorized By: _____

Drug Testing

- DOT Lab Based
- Non DOT Lab Based
- Non DOT Quick Screen
- Non DOT eCup

Alcohol Testing

- DOT Breath Alcohol
- Non DOT Breath Alcohol

Physicals

- DOT Physical
- Non DOT Physical
- Respirator Clearance Exam

Reason for Test

- Pre-employment
- Random
- Post-Accident
- Reasonable Suspicion
- Follow Up
- Return-to-duty

Other Services

- Functional Screen
- CRT Functional Capacity
- Pulmonary Function Test
- Respirator Fit Test
- OSHA Questionnaire Review
- Audiogram
- Biometric Services
- Vaccine _____
- Bloodwork _____

Additional Information:

