SAFETY ANNEX
MEDICAL SCREENING DEPARTMENT
1409 SOUTH EATON ST.
ROBINSON, IL 62454
PHONE: 618-546-1485 EXT 127

Company Profile Form

Company Name: _____
Mailing Address: _____
Billing Address: _____
_____
Phone number: _____
Fax Number: _____

Designated Employer Representative (DER):Person authorized to receive results.
Please provide two names in case the first person listed can not be reached.

1 _____
2 _____

Persons authorized to order testing:

1 _____
2 _____

Is a Purchase Order required on billing?

Yes _____ No _____

Preferred method for receiving results:

Fax _____
Mail _____
Phone _____

Type of drug screening requested by company:

DISA Drug/Alcohol _____
Instant Drug Screen _____
Drug Screen w/ MRO _____

Respirator Fit Testing needed

Yes _____ No _____

Type of respirator used

Half Mask _____
_____
Full Mask _____
_____

_____ _____
Signature/Title Date Completed

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