

**COASTAL TRANSPORT CO., INC.**  
**CLINIC AUTHORIZATION FOR EXAMINATION, TREATMENT,**  
**AND/OR COLLECTION PLEASE SEE BELOW REQUESTED**

Name: \_\_\_\_\_ TERMINAL: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

On the job injury or illness:       YES       NO      Date of injury or illness: \_\_\_\_\_

**Type of Physical Examinations**

**DOT Physicals are to be completed on all Drivers or those Certified to Drive Only.**

- DOT Physical – Pre-employment                       Non-Driver– NON-DOT Pre-Employment Physical  
 DOT Physical – Recertification

**Terminal must check off appropriate test to be administered:**

**--- FOR DRIVER'S ONLY---**

✓	Test Required	Type of Chain of Custody
	Pre-Employment	DOT (NIDA/Regulated) Drug Test
	Post-Accident – DOT Reportable Accident	DOT (NIDA/Regulated) Drug & Breath Alcohol Tests
	Post-Accident – <b>NON-DOT</b> Reportable Accident	<b>Non-Regulated-Non-NIDA</b> Drug & Breath Alcohol Tests
	Probable Cause/Reasonable Suspicion	DOT (NIDA/Regulated) Drug & Breath Alcohol Tests
	Recertification	<b>No Drug Test is Required</b>
	Random – Drug	DOT (NIDA/Regulated) Drug Test
	Random – Drug & Alcohol	DOT (NIDA/Regulated) Drug & Breath Alcohol Tests
	Other: On The Job Injury/Illness or Requested by Customer <b>(Non-Regulated – Non-NIDA)</b>	<b>NON-DOT (Non-Regulated – Non-NIDA) Drug &amp; Breath Alcohol Tests</b>

**--- FOR NON-DRIVER'S ONLY ---**

✓	Test Required	CHAIN OF CUSTODY FORMS BELOW ARE ALL NON-REGULATED/NON-NIDA TESTS
	Pre-Employment	Drug Test ( <b>Non-Regulated – Non - NIDA</b> )
	Post-Accident - Vehicular	Drug & Breath Alcohol Tests ( <b>Non-Regulated – Non - NIDA</b> )
	Probable Cause/Reasonable Suspicion	Drug & Breath Alcohol Tests ( <b>Non-Regulated – Non - NIDA</b> )
	Random – Drug	Drug Test ( <b>Non-Regulated – Non - NIDA</b> )
	Random – Drug & Alcohol	Drug & Breath Alcohol Tests ( <b>Non-Regulated – Non - NIDA</b> )
	Other: On The Job Injury/Illness or Requested by Customer	Drug & Breath Alcohol Tests ( <b>Non-Regulated – Non - NIDA</b> )

Authorized by: \_\_\_\_\_  
Signature Print Name

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_