

Effective: 7/1/2005



CITY OF DALLAS

Dear Applicant/Current Employee:

RE: What to expect on your visit to Excel Occupational Clinics

The City of Dallas is dedicated to providing you with a safe and hazard-free workplace. Therefore, as a condition of your job offer or periodically during your career, you will be required to visit our medical provider for various medical/drug screenings. These services are made available at no cost to you in an effort to ensure the services you provide to the citizens of Dallas and your coworkers are delivered in the safest and healthiest manner possible. These screenings are not intended to replace any medical or physical examinations provided by your personal care physician.

If you are required to visit Excel as an applicant or active employee, please provide the Excel health professionals with your medical history. This medical information is held in strict confidence and is necessary for you to begin or continue in your present position and/or driving status. Please assist us in making this process as smooth and efficient as possible by adhering to the following:

- **If you wear eyeglasses, contacts, or hearing aids, etc., bring them with you.**
- If you take any medications, bring a list of medicines, dosages, and how often you take them.
- You will be providing a urine specimen to test for sugar, protein, and/or illegal drugs.
- If you are required to return for a follow-up visit, you must do so **within 10 working days.**

If you are *a current employee and a primary driver and you meet* the driver safety criteria, you will be qualified to drive. If you fail to meet the driver safety criteria and Excel needs further information regarding a specific condition which may be uncontrolled or untreated, you will not be qualified to drive until this medical condition is addressed. Such conditions may include high blood pressure, diabetes, heart problems, etc. We also realize some conditions are under the care of a physician and can take time to correct. Therefore, you may receive a qualified conditional pass valid for a minimum of two months to give you the opportunity to further monitor your condition with your personal physician. Before the conditional expiration date, another examination by Excel will be necessary to evaluate your medical condition to remove or extend the conditional qualification. To make it easier for you, bring a letter or prescription pad note signed by your doctor with your latest blood pressure readings, sugars, stress tests, etc. to your next visit.

If you have any questions or concerns, please feel free to ask the medical provider at the time of your visit. The following attachment is your authorization for service at Excel Occupational Clinics. While we expect your visit to be pleasant, quick, and efficient, we appreciate your cooperation with the Excel staff. You may find it preferable to call ahead when in groups of 4 or more. Your visit may be quicker if you go during the afternoon or evening.

Confidential

**Excel Occupational Clinics
City of Dallas Service Authorization Form
Phone # 214-951-9595 Fax # 214-951-9599**

Address: 8730 King George Dr. (Exit Regal Row @I-35, go east, right on King George Dr., it's on your left)

**On Call 24 Hours, No appointments necessary, however, call ahead for groups of 4 or more
Open 7:00 am - 6:00 pm Monday - Friday, Closed Saturday and Sunday**

Supervisor/Hiring Authority must fill in the following information :

Please Print Applicant/Employee Name Clearly _____	Social Security Number OR Employee Number _____	Today's Date _____
DL/ID Number, Photo required, (list State issued) _____	Class License, A, B, C, M, CDL, ? _____	What is the applicant's/employee's job title? _____
Print Name of Supervisor/Hiring Authority _____	Signature of Supervisor/Hiring Authority _____	Dept. _____ Phone # _____ Confidential FAX # _____

For Pre-Placement Services only: Hiring Authority must answer the following questions.

All safety-sensitive applicants are required to pass a drug and alcohol screen and a physical examination.

Does this job position require a Physical Ability Evaluation? ___ No ___ Yes.
Does this job position require a CDL license? ___ No ___ Yes.
Is this job position identified as a primary driving position? ___ No ___ Yes.
Will this applicant work in the Zoo? ___ No ___ Yes, then a tuberculosis screening is required.
Will this applicant work as a DFR fire fighter? ___ No ___ Yes, then a back assessment is required.

For Active Employees only: Supervisor must fill in the appropriate blanks.

___ Fit for Duty	___ Promotion to CDL, Drug Screening	___ Reasonable Suspicion
___ Driver Safety Physical	___ CDL Post Accident Drug Screen	___ Other _____

For Excel Clinic use only: Check the appropriate box(s) and complete each section.

* Provide explanation ** Requires revisit with Excel within **10 working days**

<input type="checkbox"/> Fit for Duty Exam <input type="checkbox"/> Physical Exam ___ Qualified ___ Not Qualified* ___ Pending** Explanation: _____ _____ Restrictions: _____ _____	<input type="checkbox"/> Drug Screen <input type="checkbox"/> EBT ↓ ↓ ___ Neg. ___ Neg. ___ Pos.* ___ Pos.* Explanation: _____ _____ _____	<input type="checkbox"/> Physical Ability Evaluation ___ Able to Hire ___ Not able to Hire* Explanation: _____ _____ _____	<input type="checkbox"/> Other _____ ___ Neg./Pass/Qualified ___ Pos./Fail/Not Qual.* ___ Pending* Explanation: _____ _____ Restrictions: _____ _____
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Comments: _____

_____ <i>Physician's Signature</i>	_____ <i>Print Name</i>	_____ <i>Date Reviewed</i> <small>(Form revised April 23, 2007")</small>
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