LAUSD Food Services Division	LAUSD Food Services Division
Treatment Authorization Slip	Treatment Authorization Slip
Site Address:	Site Address:
Date:	Date:
Time:	Time:
Patient Name:	Patient Name:
Date of Injury:	Date of Injury:
Authorized By:	Authorized By:
Title:	Title:
Phone #:	Phone #:
Signature:	Signature:
SERVICES REQUESTED	SERVICES REQUESTED
Health Clearance (free from communicable disease) <sup>1</sup>	Health Clearance (free from communicable disease) <sup>1</sup>
Fitness For Duty	Fitness For Duty
Reasonable Suspicion NON DOT Breath Alcohol and Drug test <sup>2</sup>	Reasonable Suspicion NON DOT Breath Alcohol and Drug test <sup>2</sup>
Return to work NON DOT Breath Alcohol and Drug test <sup>2</sup>	Return to work NON DOT Breath Alcohol and Drug test <sup>2</sup>
Special Instructions/Comments:	Special Instructions/Comments:
1 – Please complete LAUSD Form P-38.272 2009-01 FSD Health Appraisal Form 2 – Any initial drug test that is positive must be sent for a confirmation GCMS test. Please <b>fax</b> the test results the confidential fax at 213-241-8476 and mail the originals to <b>LAUSD-FSD HR Department (Confidential)</b> 333 S. Beaudry Ave., 28 <sup>th</sup> Floor Los Angeles, CA 90017	1 – Please complete LAUSD Form P-38.272 2009-01 FSD Health Appraisal Form 2 – Any initial drug test that is positive must be sent for a confirmation GCMS test. Please <b>fax</b> the test results the confidential fax at 213-241-8476 and mail the originals to <b>LAUSD-FSD HR Department (Confidential)</b> 333 S. Beaudry Ave., 28 <sup>th</sup> Floor Los Angeles, CA 90017