	LAUSD Food Services Division Treatment Authorization Slip
Site Address:	
Date:	
Time:	
Patient Name:	
Date of Injury:	
Authorized By:	
Title:	
Phone #:	
Signature:	
	SERVICES REQUESTED
Health Clearar	Health Clearance (free from communicable disease)
Fitness For Duty	ıty
Reasonable St	Reasonable Suspicion NON DOT Breath Alcohol and Drug test
Return to work	Return to work NON DOT Breath Alcohol and Drug test*
Special Instructions/Comments:	ns/Comments:
1 – Please complete LAU 2 – Any initial drug test t Please fax the test results LAUSD-FSD HR Depai 333 S. Beaudry Ave., 281 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 fax the test results the confidential fax at 213-241-8476 and mail the originals to LAUSD-FSD HR Department (Confidential) 333 S. Beaudry Ave., 28th Floor Los Angeles, CA 90017

	LAUSD Food Services Division Treatment Authorization Slip
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	SERVICES REQUESTED
Health Clearance Fitness For Duty	ace (free from communicable disease)¹
Reasonable Sı	Reasonable Suspicion NON DOT Breath Alcohol and Drug test <sup>2</sup>
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333 S. Beaudry Ave., 28 <sup>th</sup> Floor Los Angeles, CA 90017	133 S. Beaudry Ave., 28 <sup>th</sup> Floor Los Angeles, CA 90017