



WORKERS' COMPENSATION TREATMENT AUTHORIZATION AND DRUG TESTING NOTICE

NAME: _____ **SSN:** XXX – XX – _____
DEPT: _____ **APPT. DATE:** _____
POSITION: _____ **APPT. TIME:** _____

EMPLOYER SERVICES

- DRUG SCREEN: DOT NON- DOT
- INJURY: ILLNESS/EXPOSURE
- Date of Injury/Illness: _____ Area Affected: _____
- Special instructions: _____

MEDICAL FACILITY

- Freedom Total Wellness 3550 Parkwood Blvd., Building B, Suite 110, Frisco TX 75034 972.294.5886
(Northwest corner of Parkwood Blvd and Warren Parkway)
- Legacy ER & Urgent Care 16151 Eldorado Parkway, Frisco TX 75035 972.731.5151
(FRISCO EAST- Custer and Eldorado location)

NOTICE TO MEDICAL PROVIDER:

In the event that the employee is not able to perform their normal duties the City of Frisco may be able to accommodate the employee by providing modified duty work. However, it is imperative that any work restrictions are communicated in writing to the employer.

NOTICE TO EMPLOYEE/VOLUNTEER:

If changes to the employee's/volunteer's work status should occur, the employee/volunteer must immediately provide the Human Resources Department with a copy of the doctor's note. This is necessary to avoid delays in workers' compensation benefits being paid to the employee/volunteer or claims for medical services being delayed.

I understand that I maybe subject to drug testing. I understand that if I give a specimen it will be tested for controlled substance abuse and/or alcohol misuse. I understand that the giving of a specimen, when requested by the City of Frisco, is a condition of continued employment. I also understand that if a test reveals an unexplained controlled substance or alcohol, the City of Frisco may take disciplinary action against me, to include termination of employment or volunteer status. I authorize the City of Frisco to communicate among themselves, for official purposes, about my test results both orally and in writing, and to provide such test results at any judicial or administrative proceedings. Because I wish to continue my current employment or volunteer position with the City of Frisco, I hereby give my consent to any agent completing testing for the City of Frisco to release to the City of Frisco the results of any test taken by me so that I may qualify for continued employment or volunteer status.

I hereby give consent to be tested and/or to receive treatment for a workers' compensation injury or illness.

Employee/Volunteer Signature

Date

City of Frisco Representative Signature

Date

Note to Medical Facility: Please contact Human Resources (indicated below) with the results.

- Abran Gonzalez 972.292.5204 Brittany Perez 972.292.5202
- Cindy Hampton 972.292.5203