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Natick, MA 01760
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Natickteam@doctorexpress.com

Hours: Monday - Friday 8AM to 8PM
Saturday & Sunday 8AM to 5PM

Employer's Authorization for Examination or Treatment

Section A: Employer Information	
Company Name: Town of Wayland	Phone: 508.358.3623
	Fax: 508.358.3627
Address: 41 Cochituate Road, Wayland, MA 01778	
Section B: Patient Information	
Patient Name:	Date of Birth:
Job Title:	SSN:
Section C: Work Comp Information	
Work-related Injury / Illness (check one): <input type="checkbox"/> Injury <input type="checkbox"/> Illness	
Date of Injury:	Reason for Visit: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up
Section D: Occupational Health Information	
<input type="checkbox"/> DOT Physical	<input type="checkbox"/> Non-DOT Physical
<input type="checkbox"/> DOT Drug Screen	<input type="checkbox"/> Non-DOT Drug Screen (please choose options below)
	<input type="radio"/> 5 Panel Rapid <input type="radio"/> 10 Panel Rapid <input type="radio"/> 5 Panel Send Out <input type="radio"/> 10 Panel Send Out <input type="radio"/> Other: _____
<input type="checkbox"/> DOT Breath Alcohol	<input type="checkbox"/> Non-DOT Breath Alcohol <input type="checkbox"/> Other: _____
<input type="checkbox"/> Lift Test	<input type="checkbox"/> Respiratory Fit Test <input type="checkbox"/> Pulmonary Function Test
Reason for Services	
<input type="checkbox"/> Pre-placement	<input type="checkbox"/> Random <input type="checkbox"/> Post-accident <input type="checkbox"/> Reasonable Suspicion
Titers:	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR <input type="checkbox"/> Varicella
	<input type="checkbox"/> Other (please specify): _____
Vaccines:	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Yellow Fever <input type="checkbox"/> MMR <input type="checkbox"/> Varicella
	<input type="checkbox"/> TDAP <input type="checkbox"/> TD <input type="checkbox"/> Japanese E. <input type="checkbox"/> Meningitis <input type="checkbox"/> PPD
	<input type="checkbox"/> Flu <input type="checkbox"/> Polio <input type="checkbox"/> Typhoid <input type="checkbox"/> Other
Section E: Authorization	
Authorized by (signature):	
Name: John Senchyshyn	Title/Department: ATA/HR Director
Phone: 508-358-3623	Email: jsechyshyn@wayland.ma.us

Driving directions

via MA-27 S 12 min
11 min without traffic Show traffic 4.8 miles

- #### Wayland, MA
- Head north toward US-20 W
119 ft
 - Turn right onto US-20 E
463 ft
 - Turn right onto MA-126 S/MA-27 S
Continue to follow MA-27 S
44 ft
 - Slight right onto N Main St
0.2 mi
 - Slight right onto MA-9 W
Destination will be on the right
0.1 mi

945 Worcester St

Index MA 21763

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other circumstances can be conditions to differ from the map results. So you should plan your route accordingly. You must obey all signs or not for regarding your route.

