



CORONA 2071 Compton Avenue, Suite 102 Corona, CA 92881 (951) 549-0900 Fax (951) 278-8552
 CHINO 12488 Central Avenue, Suite B Chino, CA 91710 (909) 613-0100 Fax (909) 613-0600

EMPLOYER INFORMATION & PROTOCOL

New Updated

Employer	# of Employees	Days/Hours of Operation	Business Type		
Street Address		City	State	Zip	
Phone # () ()	Fax # () ()	Email Address			
#1 Company Contact	Phone # () ()	Fax # () ()	Email Address		
#2 Company Contact	Phone # () ()	Fax # () ()	Email Address		

W/C Guarantor Information

Workers Comp Guarantor	Contact Name	Effective Date of Policy / /		
Mailing Address		City	State	Zip
Phone # () ()	Fax # () ()	Email Address		

Common injuries: _____

Modified Work Available: Yes No By Case

Pre-Employment Physicals: Yes No

If yes, specify tests in the designated boxes below.

DOT Physicals: Yes No

New Hire Annual Renewal

Non-DOT Drug Screening: Yes No

Pre-Employment Post Accident Random

DOT Drug Screening: Yes No

Pre-Employment Post Accident Random

Use VMG designated Lab: _____

Use employer designated Lab: _____

Lab forms kept at clinic Employee brings form

Chain of Custody

Use VMG designated Lab: _____

Use employer designated Lab: _____

Lab forms kept at clinic Employee brings form

EBT (Evidential Breath Alcohol Testing): Yes No

Pre-Employment Post Accident Random

Follow-Up Reasonable Cause

Reporting Instructions

Call medical status to: _____

Mail Fax – Status forms & 1st Reports to:

Call physical and/or drug screen results to:

Is voice mail okay? Yes No

Other Instructions: _____

Billing Information

Employer will pay for first aid: Yes No

EPS Billing: Employer Attn: _____

WC Billing: Employer TPA Insurance

Employee Health Plan: _____

HMO PPO EPO Wellness Program: Yes No

Designated After Hours:

Corona Regional Med. Ctr. Riverside Community Hosp.

Chino Valley Med. Ctr. Pomona Valley Hosp. Med. Ctr.

Other: _____

Will taxi service be required? Yes No By Case

Pre-Employment Physical Including: <i>(Check Boxes that apply)</i>		Special Instructions:	
<input type="checkbox"/> Audiometry (Hearing)	<input type="checkbox"/> Drug Screen (Mark One):		
<input type="checkbox"/> JAMAR (Grip Strength)	<input type="checkbox"/> NIDA <input type="checkbox"/> Non-NIDA		
<input type="checkbox"/> Spirometry (PFT)	<input type="checkbox"/> Instant UDS (5-panel)		
<input type="checkbox"/> Urinalysis (Dip Test)	<input type="checkbox"/> Collection & Handling Only		
<input type="checkbox"/> Vision Test	<input type="checkbox"/> TB (Tuberculosis) Test		
<input type="checkbox"/> X-Ray - Chest	<input type="checkbox"/> Other:		
<input type="checkbox"/> X-Ray - Lumbar Spine			

Employer Representative _____ Title _____

VMG Staff _____ Date _____