

REFERRAL FOR OCCUPATIONAL TESTING



1230 B Carrick Street, Thunder Bay, ON P7B 5P9
Send referral to: info@nssr.ca

Referring Company:

Company		Address	
Contact Name		Email & Phone #	
Requested Appt Date		Requested Appt Time	

Employee Information:

Name:		Phone:	
DOB:		Email:	
Position:		Location:	

Type of Referral

Drug - if THC detected, specify swab or send lab	Substance Abuse Professional Evaluation
Alcohol	Mask Fit Testing
Fitness Test	Rehab Coordination and Compliance Follow Up
Nurse Medical	Physical Demands Analysis (PDA)
Audiology (Hearing Test)	Functional Assessment Evaluation (FCE/FAE)
Spirometry (Lung Function Test)	Ergonomics Assessment

Reason for Test:

Pre-Employment	Pre-Access	Post Incident / Accident	Reasonable Cause	Random	RTN to Duty	Follow Up
----------------	------------	--------------------------	------------------	--------	-------------	-----------

Company Specific Instructions: *POCT (NorthStream uses 10 panel cup, please specify if alternate is required), Lab base, Panel type etc. Medical please specify workload - low, medium, heavy:*

Please specify which NorthStream Location testing will be required at: