



## **Scheduling Employees at the Lakeland Occupational Health clinic St. Joseph, Michigan**

1. First, fill out the Employee information section of the form.
2. Next, check the box(s) for the service(s) you want us to provide. For example: Check the box for Work Related Injury or Illness Assessment/ Treatment and indicate Area Injured: \_\_\_\_\_ or check the box for Urine Drug Screen and indicate the reason: (Pre-placement, Post-accident, For cause), or check the box for any other service you need.
3. Check the box next to the **Lakeland Site: Lakeland Occupational Health Clinic St. Joseph.**
4. Then, sign and date the form, and include a phone number for contact so that the clinic staff can call you if they have questions or concerns.
5. Call the clinic for an appointment 269-408-4171 and indicate the date and time of the appointment on the Authorization form.
6. FAX the Authorization Form to the clinic 269-408-4174 or email the form to [CHSoccupationalhealth@spectrumhealth.org](mailto:CHSoccupationalhealth@spectrumhealth.org)
7. Finally, give the form to the employee to bring to the service location.

**\*\* Important:** For injury care or assessment, please call the clinic **prior** to sending the employee to the clinic for treatment.

### **Lakeland Occupational Health**

Location: 2500 Niles Road, Suite #4, St. Joseph, MI 49085

Hours: Monday – Friday, 8:00 a.m. – 4:30 p.m.

Phone: (269) 408-4171 Option #1

Fax: (269) 408-4174

Our goal is to provide your employees with the **BEST** care and the **BEST** experience.

It is our privilege to care for all your employees.

If you have any questions or concerns do not hesitate to contact me. I am happy to assist you!

Kind regards,

*Jennifer Gardner*

Business Account Coordinator, Lakeland Care

Ph: (269) 927-5311

[jennifer.gardner@corewellhealth.org](mailto:jennifer.gardner@corewellhealth.org)

**CITY OF HARTFORD**  
19 West Main Street  
Hartford, MI 49057

**Drug/Alcohol Collection: Corporate Account 800005138**  
CITY OF HARTFORD, CORPORATE [800005138]  
**NON-INJURY/PHYSICALS: Corporate Account 800005138**  
CITY OF HARTFORD, CORPORATE [800005138]  
**INJURY/WORK COMP:**  
W/C Guarantor:  
Michigan Municipal League / Meadowbrook

**Email Follow Up Paperwork:**

Sonya Vitale, City Manager [Citymanager@cityofhartfordmi.org](mailto:Citymanager@cityofhartfordmi.org)  
Ph: 269-621-2477  
Alternate Contact: Pam Shultz, City Treasurer Ph: 269-261-2477

**OCCUPATIONAL HEALTH AUTHORIZATION FOR SERVICE**

**Complete the employee information and category of testing. Please bring photo ID along with this completed form.**

Employee Name:	Date of Birth:	Employee SSN:
Appointment Date:	Appointment Time: a.m. / p.m.	

**AUTHORIZATION FOR:**

<input type="checkbox"/> DOT Physical (Choose One:) <input type="checkbox"/> MCOLES Physical <input type="checkbox"/> Tb Test Quantiferon Gold <input type="checkbox"/> Hepatitis B Vaccine	<input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Breath Alcohol Reason for Drug / Alcohol Screening: _____ <input type="checkbox"/> Work Related Injury or Illness Assessment / Treatment Area Injured: _____ <input type="checkbox"/> Return to Work Evaluation
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<b>Recommended location for all employment/work related services</b>	<b>Walk-in clinics available for emergent or after-hours care:</b>		
<input type="checkbox"/> <b><u>Lakeland Occupational Health</u></b> 2500 Niles Road, Suite 4 St. Joseph, MI 49085 Schedule Appt: 269-408-4171 Ext. 1 Fax: 269-408-4174 Clinic Hours: M-F 8am-4:30pm Drug/Alcohol Collection: M-F 8am – 4pm Appointments advised. Call clinic prior to sending employee for injury care. <a href="mailto:chsoccupationalhealth@spectrumhealth.org">chsoccupationalhealth@spectrumhealth.org</a>	<input type="checkbox"/> <b><u>Lakeland Hospital – Watervliet</u></b> <b>Walk-in Clinic</b> 400 Medical Park Drive Watervliet, MI 49098 Phone: 269-463-3600 Fax: 269-463-8206 Open 7 days a week 8am – 8pm Drug /Alcohol collection: M-F 8am-5pm Sat and Sun 10am-5pm	<input type="checkbox"/> <b><u>Lakeland/Southwestern</u></b> <b><u>Medical Clinic – Niles</u></b> <b>Walk-in Clinic</b> 2002 South 11 <sup>th</sup> Street Niles, MI 49120 Phone: 269-687-0200 Fax: 269-684-0199 M-F 8am–5pm, Sat 8am-2pm Drug/Alcohol Collection: M-F 8am-4pm	<input type="checkbox"/> <b><u>Lakeland/Southwestern</u></b> <b><u>Medical Clinic – Stevensville</u></b> <b>Walk-in Clinic</b> 5515 Cleveland Avenue Stevensville, MI 49127 Phone: 269-429-9677 Fax: 269-429-4002 M-Sat 7am-7pm Drug/Alcohol collection: M-F 8am - 3pm
<b>ER locations available for emergency injuries:</b> <input type="checkbox"/> <b>Lakeland Hospital St Joseph</b> , 1234 Napier Ave, St. Joseph, MI 49085 <input type="checkbox"/> <b>Lakeland Hospital Niles</b> , 31 N. St. Joseph Ave, Niles, MI 49022 <input type="checkbox"/> <b>Lakeland Hospital Watervliet</b> , 400 Medical Park Dr., Watervliet, MI 49098			

Authorized By: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_  
(Signature)

Phone Number: \_\_\_\_\_

**Employer: For appointments at LOH:** email completed form to [chsoccupationalhealth@spectrumhealth.org](mailto:chsoccupationalhealth@spectrumhealth.org) or fax form to (269)408-4174.

**\*\*If sending employee to walk-in-clinic, please fax form to fax number listed above at clinic location and provide copy to your associate to present at clinic.**

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