

Sutter Occupational Health Services
Treatment Authorization



Getting People Back to Work is the Best Medicine.

Please print

Date _____

Employee _____

Employer University of California, Davis

Employer Address One Shields Avenue, Davis, CA 95616

Phone 530-752-7243 Fax 530-752-3439

- Physical Exam
- DMV/DOT Physical Exam
- Breath Alcohol Test (BAT)
- Non-DOT Drug Screen
- DOT Drug Screen
- TB (PPD Test)
- Other _____

- Bill First Aid to Employer
- Work Related Injury Please provide the following information

Worker's Comp Insurance Sedgwick CMS, P.O. Box 14533, Lexington, KY 40512-4533

Phone: 916-771-2900 Fax: 916-788-9992

Policy Self Insured

Effective Date 7/1/2021 Exp. 7/1/2022

Company Representative Print Name Signature

Title Phone