

## Appendix 33-A

### Occupational Medical Facility Evaluation Checklist

|   |                             |
|---|-----------------------------|
| <b>Name of Facility:</b> _____              | <b>Date:</b> ____/____/____ |
| <b>Location(s):</b> _____<br>_____<br>_____ | _____<br>_____<br>_____     |

#### STAFFING

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Physician (M.D.) Available On-Site | <input type="checkbox"/> <b>Occupational Medicine:</b> | <input type="checkbox"/> Physical / Occupational Therapist |
| <input type="checkbox"/> <b>Additional Disciplines:</b>     |  |  |
| <input type="checkbox"/> Psychiatry                         | <input type="checkbox"/> Radiology                     | <input type="checkbox"/> Orthopedics                       |
| <input type="checkbox"/> Toxicology                         | <input type="checkbox"/> Dermatology                   |  |

#### FACILITIES / SERVICES

**Distance from job site to medical facility is** \_\_\_\_\_ **miles**

- |  |  |
|--|--|
| <input type="checkbox"/> Facilities are modern and well equipped | <input type="checkbox"/> <b>Hours of Service:</b> _____    |
| <input type="checkbox"/> 24-hour back-up coverage is provided    | <input type="checkbox"/> Physician is on duty at all times |

**Other available on-site services include:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Emergency Treatment   | <input type="checkbox"/> Drug Testing & Collection          | <input type="checkbox"/> Drug Testing MRO Arrangement  |
| <input type="checkbox"/> Pre-employment Screening  | <input type="checkbox"/> Drug Testing Analysis              | <input type="checkbox"/> Training Programs   |
| <input type="checkbox"/> Laboratory Analysis   | <input type="checkbox"/> Physical Occupational Therapy      | <input type="checkbox"/> All equipment is maintained and calibrated according to state and federal regulations |
| <input type="checkbox"/> Audiology   | <input type="checkbox"/> MRI <input type="checkbox"/> X-Ray |  |
| <input type="checkbox"/> Job descriptions are requested and evaluated in the screening process |   |  |

**Special examinations can be obtained for:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Insurance              | <input type="checkbox"/> Disabled Worker           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disability Evaluations | <input type="checkbox"/> Return-to-work Evaluation | _____                                 |

#### OCCUPATIONAL MEDICINE HEALTH SERVICES

- |   |   |
|---|---|
| <input type="checkbox"/> Job Placement Examinations       | <input type="checkbox"/> Executive Examinations |
| <input type="checkbox"/> Health Surveillance Examinations | <input type="checkbox"/> Periodic Examinations  |

#### ADDITIONAL PROVIDED SERVICES

- ☐ Prompt, personalized expert attention (Wait for treatment is no longer than 10-minutes; Emergency cases are taken immediately)
- ☐ Physicians will refer patients to Preferred Provider Organizations as directed by the insurance carrier
- ☐ Responsible Workers' Compensation reporting, plus same-day notification of the results to the employer
- ☐ A full report, including the employee's diagnosis, treatment and return-to-work status is relayed to the employer the day of the injury and after each visit thereafter
- ☐ Within five-days of treating any employee, the occupational medical facility will forward copies of the doctor's first report and any narrative to the employer
- ☐ Copies of those documents are also forwarded to the insurance carrier as required by law
- ☐ The facility files with the appropriate agency or commission any special reports or documents as required by local regulations
- ☐ The physician evaluates the availability of modified duty to facilitate returning the employee to work on the same day or as soon as he or she is ready

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**OVERALL ATTITUDE**

The facility maintains a positive attitude towards providing prompt treatment

The facility maintains a positive attitude towards prompt information sharing

The facility maintains a positive attitude towards modified duty programs

**YES**

**NO**

☐☐☐☐☐☐

**ADDITIONAL COMMENTS & QUESTIONS FOR THE FACILITY**