| Police Department Police Department Fire Department Public Works Department City Clerk's Office Legal Mayor's Office Commissioners' Office Other | CLARIS E | Health Care Service Request For: Mandatory Drug Screen Required Physical Examination |
|--|----------|---|
| Requested By | | Pre-Employment Physical and Drug Screen NA Other |
| Supervisor's Signature | Date | ATTENTION HEALTH CARE PROVIDER |
| Position Concent to Release | | Please submit this form along with invoice. Invoices may be directed to the following: City of Clarksdale P.O. Box 940 Clarksdale, MS 38614 |

REVISED 6-4-19

| Department | | |
|--|--|--|
| Police Department Fire Department Public Works Department City Clerk's Office Legal Mayor's Office Commissioners' Office Other | | |

Employee's/ Prospective Employee's Signature



Date

Requested By Supervisor's Signature Position Concent to Release Employee's/ Prospective Employee's Signature Date

Health Care Service Request

Please fax results to (662) 621-1577 Questions may be addressed to Tarra Slack, Director of Personnel, (662) 621-8711.

| | Se | rvice Request |
|---|------|--|
| F | or: | Mandatory Drug Screen |
| | | Required Physical Examination |
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