Occupational Health Clinic Interview

Name of Clinic: _____

Address: _____

_____

Contact Name: _____

Phone Number: _____

Email: _____

Days/Hours of Operation _____

Sedgwick Provider Network? Yes No

Services Offered:

Drug testing _____

Pre-employment physical _____

Physical therapy _____

Urgent appointment availability _____

Ergonomic assessments _____

Onsite pharmacy _____

Board Certification in Occ. Medicine _____

_____

_____

_____

_____

_____

_____

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Condition of Facility:

Location/Parking _____

Cleanliness of facility _____

Waiting area _____

Staff _____

_____

_____

_____

_____

_____

_____

_____

Communication Protocols:

Designated Contact _____

WC reporting practices _____

RTW Philosophy _____

_____

_____

_____

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Additional Notes:

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