



Authorization for Treatment Form

Patient Name: _____ SSN or DOB: _____

Employer: City of Bangor

Department: Bangor International Airport

Work Related:

Injury Date of Occurrence: _____

Post-Offer, Pre-employment Physical:

- | | |
|--|--|
| <input type="checkbox"/> Aircraft Mechanic (Reg UDS) | <input type="checkbox"/> GSE Lead Technician (Non-Reg UDS) |
| <input type="checkbox"/> Airfield Maintenance Technician | <input type="checkbox"/> GSE Lead Technician (Reg UDS) |
| <input type="checkbox"/> Airport Master Electrician | <input type="checkbox"/> GSE Store Clerk |
| <input type="checkbox"/> Airport Operations Officer | <input type="checkbox"/> GSE Technician (Non-Reg UDS) |
| <input type="checkbox"/> Assistant Heating & Plumbing Technician | <input type="checkbox"/> GSE Technician (Reg UDS) |
| <input type="checkbox"/> Building Maintenance Technician | <input type="checkbox"/> Heating & Plumbing Technician |
| <input type="checkbox"/> Curbside – Ramp Security | <input type="checkbox"/> Ramp Attendant |
| <input type="checkbox"/> Customer Service Representative (Reg UDS) | <input type="checkbox"/> Seasonal Snow Removal |
| <input type="checkbox"/> Fuel System Technician (Reg UDS) | <input type="checkbox"/> Tank Farm Attendant (Reg UDS) |
| <input type="checkbox"/> Fuel Supervisor (Reg UDS) | |

Other services/Comments _____

Authorized by: _____ Date: _____

**Have patient hand carry authorization form to the Bangor Concentra being accessed or
Email to: bangorclinic@concentra.com
No appointment necessary. Patient must present photo ID at time of service.**

Bangor Concentra
34 Gilman Rd
Bangor, ME 04401