

Department

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



Health Care Service Request

- For: Mandatory Drug Screen
- Required Physical Examination
- Pre-Employment Physical and Drug Screen
- NA** Other

ATTENTION HEALTH CARE PROVIDER

Please submit this form along with invoice.

Invoices may be directed to the following:

City of Clarksdale
 P.O. Box 940
 Clarksdale, MS 38614

Please fax results to (662) 621-1577

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

REVISED 6-4-19

Requested By

 Supervisor's Signature Date

 Position

Concent to Release

 Employee's/ Prospective Employee's Signature Date

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