



BUTTE SCHOOLS SELF-FUNDED PROGRAMS

500 Cohasset Road, Suite 24 | Chico, California 95926
Telephone 530-879-7438 | Fax 530-879-7595 | www.bsspjpa.org
Christy R. Patterson, Executive Director | cpatters@bsspjpa.org

AUTHORIZATION FOR DOT PHYSICAL

_____ School District (District) hereby authorizes
_____ to submit to a DOT Physical (either pre-employment or renewal) at the Butte Schools Health and Wellness Center (500 Cohasset Road, Suite 24, Chico or 1876 Bird Street, Oroville).

District agrees to reimburse the Butte Schools Self-Funded Programs \$75 for the cost of the service.

District Signature

Date

Name and Title

Employee: This form must be presented to the Butte Schools Health and Wellness Center at the time of service.

An advance appointment shall be made by calling 530-879-7582 or 530-532-5918; walk-in appointments are not available for this service.

Please arrive 15 minutes prior to your scheduled appointment as paperwork will need to be completed.

HEALTHY EMPLOYEES SUPPORTED BY QUALITY, WELL-MANAGED PROGRAMS

Butte COE
Butte-Glenn CCD
Bangor UESD
Biggs USD

Chico USD
Durham USD
Feather Falls UESD
Golden Feather UESD



Gridley USD
Manzanita ESD
Oroville City ESD
Oroville UHSD

Palermo UESD
Paradise USD
Pioneer UESD
Thermalito UESD