

**Authorization for Treatment or Examination**

Employee Name: \_\_\_\_\_ Emp ID: \_\_\_\_\_

Department: \_\_\_\_\_ DOB: \_\_\_\_\_

Authorized by: \_\_\_\_\_ (Supervisor's Signature)  
 \_\_\_\_\_ (Supervisor's Printed Name)

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Check requested services:

- New Employee Assessment- Pt Contact       New Employee Assessment – Non Pt contact  
 TB Testing  
 Flu Shot

Urine Drug Screen: Yes: \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_ TB Screening: Place # 1: \_\_\_\_\_ Read # 1: \_\_\_\_\_ Place # 2: \_\_\_\_\_ Read #2 \_\_\_\_\_  
 Review: \_\_\_\_\_ CXR: \_\_\_\_\_

\_\_\_\_\_ Tdap: \_\_\_\_\_ Declination: \_\_\_\_\_

- \_\_\_\_\_ Hepatitis B: Dose #1: \_\_\_\_\_  
 \_\_\_\_\_ Hepatitis B: Dose #2: \_\_\_\_\_  
 \_\_\_\_\_ Hepatitis B: Dose # 3: \_\_\_\_\_  
 \_\_\_\_\_ Hepatitis B Antibody Titer: \_\_\_\_\_  
 \_\_\_\_\_ Hepatitis B Antigen: \_\_\_\_\_ (Consent if non Credentialed 207)  
 \_\_\_\_\_ Hepatitis B Vaccine Declination: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> _____ MMR # 1: _____             | <input type="checkbox"/> _____ Varicella #1 _____       |
| <input type="checkbox"/> _____ MMR # 2: _____             | <input type="checkbox"/> _____ Varicella #2 _____       |
| <input type="checkbox"/> _____ Declination: _____         | <input type="checkbox"/> _____ Declination _____        |
| <input type="checkbox"/> _____ Rubeola Titer: _____       | <input type="checkbox"/> _____ Varicella Titer: _____   |
| <input type="checkbox"/> _____ Mumps Titer: _____         | <input type="checkbox"/> _____ Varicella Disease: _____ |
| <input type="checkbox"/> _____ Rubella Titer: _____       |   |
| <input type="checkbox"/> _____ MMR Status Complete: _____ |   |

- \_\_\_\_\_ Respirator Fit Test: \_\_\_\_\_  
 \_\_\_\_\_ Respiratory Quest.: \_\_\_\_\_  
 \_\_\_\_\_ Respirator Type: \_\_\_\_\_

Nurse: \_\_\_\_\_ Date Cleared: \_\_\_\_\_

**UVA-WorkMed Location and Hours of Operation:**

**Phone: 434-243-0075 Fax: 434-243-0078**

**1910 Arlington Blvd. (located directly behind the Taco Bell on Emmet St.)**

**Charlottesville, VA 22901**

**Monday – Friday 8:00 am – 4:30 pm**

**Closed Fridays 12:00 to 1:00 pm**

**Appointments required for all visits other than emergencies. For emergency situations, please have supervisor call ahead.**