UNIVERSITY HEALTH CENTER
UGA OCCUPATIONAL HEALTH
APPROVAL FORM
PHYSICAL EXAMS, EYE EXAMS, LAB WORK, IMMUNIZATIONS, AND X-RAYS

Date: _____

Employee Name: _____ UGA ID: _____ M F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Emergency Contact: _____ Phone: _____ Relationship: _____

Student: ☐Yes ☐ No Faculty/Staff: ☐ Yes ☐ No UGA Employment: ☐ Full-Time ☐ Part-Time

New to Occupational Health Program? ☐ Yes ☐ No E-mail address: _____

Dept.: _____ Bldg.: _____

Work #: _____ Home #: _____

Dept. Acct. Name to be Charged: _____

Chart String or Speed Type to be Charged: _____

Dept. Contact Person: _____ Dept. Contact Phone #: _____

Dept. Contact E-Mail: _____ Nature of work _____

Days/Times Available for Appointment: _____

Release of Information: I authorize the University Health Center ("UHC") at The University of Georgia, Athens, GA, to use and disclose this health information to the following individual or organization for the purpose of:

Occupational health and safety Academic program requirements Request of individual Other

Name/Organization: _____ Office of Research Integrity and Safety Support

Service Address: _____ _____

City: _____ State: _____ Zip code: _____

Contact person: _____

UHC may provide health care for the purpose of disclosing to a third party protected health information specifically created for that third party, upon my agreement to use and disclose this information. By signing below, I acknowledge that I have read and understand this document, that I have voluntarily given my authorization to the University Health Center to disclose my records, and that I may revoke this Authorization at any time by providing a written notice to the University Health Center to the attention of the Manager, Registration and Health Information. The revocation shall be effective except to the extent that UHC has already used or disclosed information in reliance on the Authorization. For more detailed information on how to revoke this authorization, please refer to Notice of Health Information Privacy Practices at www.uhs.uga.edu. I understand that my information may be re-disclosed by the authorized person/organization receiving the information, and at that point, the information may no longer be protected under the terms of this agreement. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____
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Signature: _____ Date: _____

Please check off the appropriate services being requested for the above employee:

MC Green (by Appointment Only) Contact: 706-542-8650 (phone) 706-583-0352 (fax)	**Allergy / Travel (by Appointment Only)** Contact: 706-542-5575 (phone) 706-583-8255 (fax)	**Vision (by Appointment Only)** Contact: 706-542-5617 (phone) 706-227-4763 (fax)
☐ Tuberculin Skin Test ☐ Pulmonary Function Test (706-542-8636) ☐ Qualitative Fit Testing ☐ Post Exposure to Infectious Disease, i.e. rabies etc. LABS Urinalysis (full) ☐ CBC ☐ Rabies titer ☐ Lyme titer ☐ RBC Cholinesterase ☐ Reticulocyte count ☐ Executive profile ☐ EKG ☐ Quantiferon Gold TB ☐ Other ☐	Vaccinations ☐ Rabies vaccination series and/or titer protocol: include proof of previous rabies vaccine(s) not on record at UHC ☐ Hepatitis A series ☐ Hepatitis B series ☐ Tetanus ☐ Inactivated Influenza Vaccine ☐ International Travel Consultation ☐ Polio ☐ Other	☐ Safety Eyewear ☐ Comprehensive eye exam ☐ Contact lens fitting ☐ Vision screening ☐ Color screening ☐ Depth perception screening ☐ Peripheral vision screening ☐ Other

_____
Department Head Signature (required in order to process)

Comments: _____

The approval form is valid up to 12 months from the date submitted. (Please contact the appropriate person above, or Allergy Travel Clinic at the University Health Center at 706-542-5575 if you have any questions regarding the completion of this form.)

8.1.3 and 8.1.12 Office Manager – Med Serv
Effective: 08/93
Reviewed: 06/94; 07/95; 06/96; 06/01; 10/02; 05/04; 09/05; 07/08; 07/09; 09/09; 09/11; 07/12; 09/13; 09/15; 8/16; 8/17; 07/18; 3/21; 7/23
Revised: 11/97; 11/98; 02/99; 05/99; 08/00; 06/03; 09/06; 11/06; 07/07; 09/07; 11/09; 05/10; 01/11; 02/11; 01/13; 08/14; 08/19; 7/21; 5/23; 9/24