University of Vermont

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Department of Environmental Health and Safety
Occupational Health and Safety Office
321 Ryan Street, Essex, Vermont 05452
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Risk Management
284 East Avenue, Burlington, Vermont 05405
risk.management@uvm.edu ● (802) 656-3242

AUTHORIZATION FOR EXAMINATION OR TREATMENT

It is required to present this completed form at the health care facility before medical services are provided. Failure to do so may result in a cancellation of your appointment or financial costs/fees.

FACILITY

☐ **Champlain Medical Urgent Care**, 150 Kennedy Dr., S. Burlington ● (802) 448-9370

☐ **Concentra Urgent Care**, 57 Fayette Dr STE 4, South Burlington, VT 05403 ● (802) 658-5756

☐ **Other** (*specify)*: _____

EMPLOYEE INFORMATION

Name: _____ **NETID**: _____

Job Title: _____ **Email**: _____

SUPERVISOR INFORMATION

Name: _____ **NETID**: _____

Job Title: _____ **Email**: _____

Department: _____

Department Contact Name (*if different from Supervisor*): _____

Department Contact Email (*if different from Supervisor*): _____

REASON FOR VISIT (check all that apply)

☐ **INJURY**

- ☐ **Exposure** (*specify*): _____ **Date of Exposure:** _____
- ☐ **Injury** _____ **Date of Injury:** _____
- ☐ **Illness** _____

☐ **NON-INJURY**

- ☐ **Animal Handler Physical**
- ☐ **Blood Draw** (*specify*)**:** Click or tap here to enter text.
- ☐ **DOT Physical**
- ☐ **Drug Screening**
- ☐ **Hazardous Material Physical**
  - ☐ **Hazwoper** ☐ **Asbestos** ☐ **Lead**
  - ☐ **Other** (*specify*)**:** _____
- ☐ **Post Offer Pre-placement Screening (POPES Exam)**
- ☐ **Pre-placement Physical**
- ☐ **Respirator Physical**
- ☐ **PFT/Spirometry**
- ☐ **Tuberculosis Screening**
- ☐ **Vaccination**
  - ☐ **Hepatitis B** ☐ **TDaP**
  - ☐ **Other** (*specify*)**:** _____
- ☐ **OTHER Exam or Treatment** (*specify*): _____

Authorized By
(*signature*):_____

Date of Authorization:
_____