

**Authorization for Treatment or Examination**

Employee Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

Manager/PI: \_\_\_\_\_

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

Tier 1 Employee \_\_\_\_\_ Tier 2 Employee \_\_\_\_\_

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

Requires Long Distance Pre-Boarding (> 60mi)

Yes \_\_\_\_\_ No \_\_\_\_\_

**Select one of the following and answer associated questions:**

**New Employee Assessment - Patient Facing (OCH-002)**

*\*Safety Sensitive Position - Requires Urine Drug Screen\**

1. Will provide patient care within any Ambulatory Clinic in Negative Pressure Rooms? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Will provide patient care within University Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Will be testing or caring for COVID Patients? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Exposure Blood or Bodily Fluids? Yes \_\_\_\_\_ No \_\_\_\_\_

**New Employee Assessment – Non Patient Facing**

1. Safety Sensitive Position? Yes \_\_\_\_\_ No \_\_\_\_\_ (*Requires Urine Drug Screen*)
2. Reports to any HS Building? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Subject to DOT Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_ (*Ex: UTS Bus Driver*)
4. Exposure to Blood or Bodily Fluids? Yes \_\_\_\_\_ No \_\_\_\_\_

Nurse: \_\_\_\_\_

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

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

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

**Charlottesville, VA 22901**

**Monday – Friday 8:00 am – 4:30 pm**

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

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