

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.