

Occupational Health Services, UC Davis

1 Shields Avenue Davis, CA ♦ 530-752-6051 ♦ Fax: 530-752-5277

REQUEST & AUTHORIZATION FOR MEDICAL SERVICES

Employee's Name: _____ UCD ID#: _____

Job Title: _____ Department: _____

Dept phone #: _____ Recharge#: _____ Appt date/time: _____

Authorizing Department Signature: _____

(By signing, you agree to a recharge for services rendered)

_____ (Date)

(Print Name of Authorizing Person)

_____ (Date results needed)

Check the service(s) or add your request at the bottom. See your department manager with questions. If you need a particular service that is not listed please call Occupational Health Services at 530-752-6051. Fax the form to 752-5277, then call to make an appointment.

Appointments will not be made without the form. Cancellations must be made 24 hours before appointment, untimely cancellation or missed appointments carry a surcharge of \$50.00 minimum.

<p align="center">Animal Handler (Non-Primate)</p> <p><input type="checkbox"/> Entry into the facility requires:</p> <p><i>Submit OHSS Questionnaire for Recommended Services: ohss.ucdavis.edu</i></p> <p><input type="checkbox"/> Respirator Clearance</p>	<p align="center">Facilities Management</p> <p><input type="checkbox"/> <i>Standard Pre-Placement Physical (attach position description)</i></p> <p><input type="checkbox"/> Asbestos Clearance <input type="checkbox"/> DMV Physical (biannual)</p> <p><input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis A titer <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis B titer</p> <p><input type="checkbox"/> Hearing Surveillance <input type="checkbox"/> Lead Monitoring</p> <p><input type="checkbox"/> Primate Center Clearance <input type="checkbox"/> Respirator Clearance</p>	<p align="center">Student Housing</p> <p><input type="checkbox"/> <i>Standard Pre-Placement Physical (attach position description)</i></p> <p><input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis B titer <input type="checkbox"/> Respirator Clearance</p>
<p align="center">CA Animal Health & Food Safety</p> <p><input type="checkbox"/> Entry into the facility requires: TB Testing pre-placement only</p> <p><i>Submit OHSS Questionnaire for Recommended Services: ohss.ucdavis.edu</i></p>	<p align="center">Fire Fighters / Police</p> <p><input type="checkbox"/> <i>Standard Pre-Placement Physical (check DMV box if necessary)</i></p> <p><input type="checkbox"/> DMV (biannual) <input type="checkbox"/> Haz Mat (annual)</p> <p><input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis B titer <input type="checkbox"/> Primate Center Clearance</p>	<p align="center">TRACS</p> <p><input type="checkbox"/> Entry into the facility requires:</p> <p><i>Submit OHSS Questionnaire for Recommended Services: ohss.ucdavis.edu</i></p> <p><input type="checkbox"/> Hearing Surveillance <input type="checkbox"/> Respirator Clearance</p>
<p align="center">Center for NeuroScience</p> <p><input type="checkbox"/> Entry into the facility requires:</p> <p><i>Submit OHSS Questionnaire for Recommended Services: ohss.ucdavis.edu</i></p>	<p align="center">Primate Center Clearance</p> <p><input type="checkbox"/> Entry into the facility requires:</p> <p><i>Submit OHSS Questionnaire for Recommended Services: ohss.ucdavis.edu</i></p> <p><input type="checkbox"/> Respirator Clearance</p>	<p align="center">Vet Med Teaching Hospital</p> <p><input type="checkbox"/> Entry into the facility requires:</p> <p><i>Submit OHSS Questionnaire for Recommended Services: ohss.ucdavis.edu</i></p> <p><input type="checkbox"/> Hearing Surveillance <input type="checkbox"/> Respirator Clearance</p>
<p align="center">Environmental Health & Safety</p> <p><input type="checkbox"/> <i>Standard Pre-Placement Physical</i> <input type="checkbox"/> DMV Physical (biannual) <input type="checkbox"/> Haz Mat (annual) <input type="checkbox"/> Primate Center Clearance</p>	<p align="center">Repro Graphics</p> <p><input type="checkbox"/> Hearing Surveillance</p>	<p align="center">VM Center for Comparative Medicine</p> <p><input type="checkbox"/> Entry into the facility requires:</p> <p><i>Submit OHSS Questionnaire for Recommended Services: ohss.ucdavis.edu</i></p> <p><input type="checkbox"/> Hearing Surveillance <input type="checkbox"/> Respirator Clearance</p> <p align="center">Miscellaneous Procedures</p> <p><input type="checkbox"/> DMV Physical (biannual) <input type="checkbox"/> Flu Vaccine <input type="checkbox"/> N-95 Clearance</p>

For all other departments or to request additional services, please note below:

Employees with Animal or Biological exposures please talk to your supervisor and fill out the Occupational Health Surveillance System online Questionnaire at: ohss.ucdavis.edu