

Occupational Health Services, UC Davis
1 Shields Ave/Cowell Hall, Davis, CA ♦ 530-752-6051 ♦ Fax: 530-752-5277

REQUEST & AUTHORIZATION FOR MEDICAL SERVICES

Employee's Name: _____ UCD ID#: _____

Job Title: _____ Department: **UC-ANR**

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

Authorizing Department Signature: _____ (Date) _____
 (By signing, you agree to a recharge for services rendered)
 _____ (Date results needed)
 (Print Name of Authorizing Person)

Check the service(s) or add your request at the bottom. See your department manager with questions.
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 cancellations or missed appointments carry a surcharge of \$50.00 minimum.

Animal Handler (Non-Primate) <input type="checkbox"/> Entry into the facility requires: ♦ Animal Contact & Sig Bio Agents Quest. ** <input type="checkbox"/> Hearing Surveillance <input type="checkbox"/> Rabies series <input type="checkbox"/> Rabies titer <input type="checkbox"/> Respirator Clearance <input type="checkbox"/> Tetanus/Diphtheria	Facilities Management <input type="checkbox"/> <i>Standard Pre-Placement Physical (attach position description)</i> <input type="checkbox"/> Asbestos Clearance <input type="checkbox"/> DMV Physical (biannual) <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis A titer <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis B titer <input type="checkbox"/> Hearing Surveillance <input type="checkbox"/> Lead Monitoring <input type="checkbox"/> Primate Center Clearance <input type="checkbox"/> Respirator Clearance	Student Housing <input type="checkbox"/> <i>Standard Pre-Placement Physical (attach position description)</i> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis B titer <input type="checkbox"/> Respirator Clearance VM Center for Comparative Medicine <input type="checkbox"/> Entry into the facility requires: ♦ Animal Contact & Sig Bio Agents Quest. ** <input type="checkbox"/> Tetanus/Diphtheria (as needed) <input type="checkbox"/> Hep B <input type="checkbox"/> Hep. B Titer <input type="checkbox"/> Primate Center Clearance
CA Animal Health & Food Safety <input type="checkbox"/> Entry into the facility requires: ♦ Animal Contact & Sig Bio Agents Quest. ** <input type="checkbox"/> Cholinesterase <input type="checkbox"/> Comp Profile <input type="checkbox"/> PPD (baseline) <input type="checkbox"/> Tet/Dip (as needed) <input type="checkbox"/> Rabies series <input type="checkbox"/> Rabies Titer (baseline) <input type="checkbox"/> N-95 Clearance <input type="checkbox"/> Rabies Titer (every 2 years)	Fire Fighters / Police <input type="checkbox"/> <i>Standard Pre-Placement Physical (check DMV box if necessary)</i> <input type="checkbox"/> DMV (biannual) <input type="checkbox"/> Haz Mat (annual) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis B titer <input type="checkbox"/> Primate Center Clearance	VM Center for Lab Animal Science <input type="checkbox"/> Entry into the facility requires: ♦ Animal Contact & Sig Bio Agents Quest. ** <input type="checkbox"/> Tetanus/Diphtheria (as needed) <input type="checkbox"/> Hearing Surveillance <input type="checkbox"/> Primate Access (CNS) <input type="checkbox"/> Q Fever titer <input type="checkbox"/> Respirator Clearance <input type="checkbox"/> Rabies series <input type="checkbox"/> Rabies titer
Center for NeuroScience <input type="checkbox"/> Entry into the facility requires: ♦ Animal Contact & Sig Bio Agents Quest. ** ♦ Tetanus/Diphtheria (as needed) <input type="checkbox"/> Hepatitis B series (unfixed human tissue) <input type="checkbox"/> Primate Access (CNS) <input type="checkbox"/> Primate Center Clearance	Primate Center Clearance <input type="checkbox"/> Entry into the facility requires: ♦ Animal Contact & Sig Bio Agents Quest. ** ♦ Rubella/MMR ♦ PPD (if positive, will require X-Ray) ♦ Tetanus/Diphtheria (as needed) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis B titer <input type="checkbox"/> Polio booster/waiver <input type="checkbox"/> Respirator Clearance <input type="checkbox"/> Vaccinia (smallpox) vaccination	Vet Med Teaching Hospital <input type="checkbox"/> Entry into Animal Care areas requires: ♦ Animal Contact & Sig Bio Agents Quest. ** ♦ Tet/Dip (as needed) ♦ Rabies series ♦ Rabies Titer (baseline) <input type="checkbox"/> Primate Center Clearance <input type="checkbox"/> Rabies Titer (every 2 years) <input type="checkbox"/> Respirator Clearance
Environmental Health & Safety <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	Repro Graphics <input type="checkbox"/> Hearing Surveillance	Miscellaneous Procedures <input type="checkbox"/> DMV Physical (biannual) <input type="checkbox"/> Flu Vaccine <input type="checkbox"/> N-95 Clearance

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

ANR Employee Medical Clearance Request (note: Fit test to be performed onsite by UC-ANR)

Full-face Respirator Half-face Respirator PAPR N95 Animal Exposure Other: _____

Instructions for ANR employees: Respirator questionnaire and/or OHSS must be submitted to obtain clearance

Forms and URL links are available at: <http://safety.ucanr.edu/Programs/Occupational Health Services/>

Instructions for Occupational Health Clinic: Send copy of employee clearance to: ehs@ucanr.edu