

University Employee Occupational Health Clinic – UEOHC



Request for Services {i.e. evaluation, vaccination(s), etc.} under UNC Medical Surveillance Program

Complete all information and fax to EHS at 919-962-0227. EHS will review services requested. This form constitutes authorization for vaccination(s) or other services required for job duties.

A. EMPLOYEE INFORMATION

Name: PID:
Job Title: Telephone:
Department: CB#:
Authorized Department Representative:

Chartfield String

Note: Cannot use Grants/OSR funding.

Unit: Fund: Source: Account: Dept:

B. JOB DUTIES AT UNC

- Healthcare Worker (defined as employees whose position has them entering facilities where patient care is provided, whether in a patient care area or in an administration wing)
Research: BSL3 Bloodborne Pathogens Other:
DLAM
TEACCH
Frank Porter Graham
Dental School
Other:

C. BRIEF DESCRIPTION OF TASKS OR DUTIES THAT INDICATE NEED FOR VACCINATION(S) OR OTHER SERVICES:

D. THE FOLLOWING MUST BE COMPLETED BY AUTHORIZED DEPARTMENT REPRESENTATIVE:

I verify that the above individual is an employee of the University of North Carolina – Chapel Hill.
Initials

I grant authorization for the above employee to have the requested services and understand that the department will be billed for these services.
Initials

Department Representative

Title

Signature

Date