



IUPUI

CAMPUS HEALTH

INDIANA UNIVERSITY-PURDUE UNIVERSITY
Indianapolis

Appointment Authorization

Name _____ DOB _____

Account# _____ Position# _____ Classification _____

Job Title _____

Department _____ First day of work _____

TO THE EMPLOYEE: Take this form with you to IUPUI Campus Health for your pre-placement evaluation. This must be done before reporting to work.

The hiring authority checkmarks the tests/labs/immunizations to be done and agrees that the account listed above will be billed:

- TB surveillance (skin test, blood test or questionnaire as indicated)
- Immunizations – clinic staff determines the best course of action.
 - Influenza
 - MMR (measles, mumps & varicella) immunization
 - Tdap (tetanus, diphtheria & pertussis) immunization
 - Varicella (chickenpox) immunization
 - Hepatitis B immunization (series of 3). Vaccination of clinical employees is encouraged.
 - The employee may voluntarily waive this immunization per OSHA regulations.
 - Titers (lab tests to determine if new hire is immune) may be used to test for immunity if indicated. If titers are negative or equivocal, immunizations will be given.
- Hepatitis C antibody test (School of Nursing only)
- Urine drug screen

Hiring Authority Name _____
please print hiring authority signature

Phone _____ Fax _____ Date _____

Campus Health use only:

The individual may start work:
02/08/2017 lab

