



Clinical Services Authorization Form

When the supervisor checks the procedure(s) listed below, the supervisor is authorizing IUPUI Campus Health (CH) to perform the checked procedure(s) and for IUPUI CH to bill their department/division for the checked procedure(s) listed below.

New Hire Assessment

New Hire Drug Screen: Yes No

If positive a confirmatory test will be sent to the lab. Results are available in 3-5 days. (Candidate needs to bring a picture ID with them to the appointment.)

The New Hire Assessment includes the following:

- TB Screening & Surveillance**
This could include a questionnaire, skin test, blood test, chest x-ray/imaging procedure and/or provider visit as indicated
- Vaccines/Titers**
Clinical staff will determine the best course of action based on the new hire/employee/student health history, job requirements and manufacturer's recommendation. This may include an immunity evaluation. Titers (labs tests to determine if the new hire/employee/student is immune) may be used to test immunity, if indicated. If titers are negative or equivocal, the vaccine will be given. If the vaccine requires a series of doses, the new hire/employee/student will be instructed to return to the clinic for subsequent dose(s).
- New Hire Assessment Form**
This assessment will identify whether a medical condition exists that may impact the new hire's ability to perform the essential functions of the position. (The candidate is to complete the New Hire Assessment Form prior to the appointment and bring it with them to their appointment. The new hire assessment form is online at: <https://health.iupui.edu/occupational-health/new-employees.html>.)

Drug Screen

If positive a confirmatory test will be sent to the lab. Results are available in 3-5 days. (Candidate needs to bring a picture ID with them to the appointment.) **For probable cause drug screening, call Campus Health 317-274-8214.**

TB Screening & Surveillance

(This could include a questionnaire, skin test, blood test, chest x-ray/imaging procedure and/or provider visit as indicated)

Vaccine Administration

Clinical staff will determine the best course of action for vaccination(s).
Vaccine(s) for travel will also include a travel visit consultation and indicated vaccine(s).

Tdap (Tetanus, Diphtheria & Pertussis)

Varicella (Chickenpox)

MMR (Measles, Mumps & Rubella)

Hepatitis A

Hepatitis B (Employees may waive this immunization per OSHA regulations.)

Influenza

COVID

Other: _____

Payment for any procedure performed to a new hire/employee/student, without a completed authorization form, **will be the responsibility of the patient.**

Employee Name (Print)

Date of Birth

Authorized Name (Print)

Authorized Signature

Date

Department/Division Name

Account Number

Phone Number

Email/Fax Number

New Hires:

Job Title

First day of work

IUPUI CH: New hire assessment completed: _____

See attached document for restrictions