



Clinical Services Authorization Form

When the supervisor checks the procedure(s) listed below, the supervisor is authorizing IU Indianapolis Campus Health (CH) to perform the checked procedure(s) and for IU Indianapolis CH to bill their department/division for the checked procedure(s) listed below. Choose the New Hire Assessment or select the individual services as needed.

New Hire Assessment as listed below.

The New Hire Assessment includes the following:

- Drug Screening:**
If positive a confirmatory test will be sent to the lab. (Candidate needs to bring a picture ID and any bottles of prescribed controlled medication with them to the appointment.) To opt out of Drug Screening, check here:
- 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>.)

For individual services:

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 and any bottles of prescribed controlled medication 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.)

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

IU Indianapolis CH: New hire assessment completed: _____

See attached document for restrictions