

**To: UHS Employee Health**

**Re: Requesting Service and Guarantee of Payment**

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_ DOB \_\_\_\_\_

For Billing purposes: Department Name \_\_\_\_\_

Financial Manager Contact Information

Cost Center \_\_\_\_\_ Name \_\_\_\_\_

GL Account \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

OSHA, CDC, and Occupational Safety Requirements  
This employee needs to participate in the Employee Health Program to meet OSHA, CDC, and/or occupational safety requirements for: potential exposure to blood-borne pathogens; work with certain infectious agents; work with specific lab animals; or work in certain research situations, as specified by hospital and departmental policies.

Employee Health Program (see UK HealthCare Enterprise Policy A03-005)  
The following employees are required to participate in the Employee Health Program:  
1. All employees who are credentialed through Medical Staff Affairs, including: physicians, physician's assistants (PAs), and Advanced Practice Registered Nurses (APRNs).  
2. All employees who are considered health care workers (HCW) per the definition found in policy A03-005. Tuberculosis screenings and proven immunity to the following diseases are required by the Employee Health Program:  
- Baseline and yearly TB screening  
- MMR (measles, mumps, rubella) immunity  
- Varicella (chicken pox) immunity  
- Hepatitis B vaccination is offered to anyone at risk of blood-borne pathogen exposure. An employee may choose to decline, but a signed declination must be maintained in the employee health medical record at Employee Health and in the employee's department file.  
- Tdap (Tetanus, Diphtheria, Pertussis) vaccine  
- Season influenza vaccine  
3. Other vaccinations and/or titers may be required per OSHA requirements specific to various positions within the healthcare system. Employee Health will provide services required for specific positions granted this form is complete and presented at the time of service. Please indicate below the specific requirements as they pertain to the position within n the healthcare system.

**THE PURPOSE OF TODAY'S PREVENTATIVE VISIT IS:**

Employee Health Program (entire program as explained above)

OSHA, CDC, Occupational Safety Requirements

Possible Exposure to:

Has the employee contacted Workers' Care? Yes No

Hepatitis B screening and/or vaccine

MMR screening and/or vaccine

TB screening

Varicella screening and/or vaccine

Tdap vaccine

Other \_\_\_\_\_

Signed: \_\_\_\_\_  
Employee

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Supervisor/Division Chief

Date: \_\_\_\_\_