



**Authorization for Treatment or Examination**

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

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Employer: University  or Medical Center

Authorized by: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Supervisor)

Dept./Division: \_\_\_\_\_

PTAO: P  T  A  O

Special Instructions/Comments: \_\_\_\_\_  
\_\_\_\_\_

UVA-WorkMed Arrival Time: \_\_\_\_\_ Discharge Time: \_\_\_\_\_

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**Note: The employee's department will be billed for services rendered, and the department will be responsible for payment, with the exception of services related to a workers' compensation claim. All workers' compensation charges will be billed to the WC carrier or the employee's health insurance, should the worker's compensation claim be denied by the WC carrier.**

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Check requested services:

- |   |  |
|---|--|
| <input type="checkbox"/> Work Related Assessment                          | <input type="checkbox"/> Infectious Disease Exposure   |
| <input type="checkbox"/> Injury   | <input type="checkbox"/> Blood, Body Fluid   |
| <input type="checkbox"/> Illness  | <input type="checkbox"/> Disease   |
| <input type="checkbox"/> Physical Exam<br>Type: _____                     | <input type="checkbox"/> Fitness for Duty/Limited<br><input type="checkbox"/> Illness<br><input type="checkbox"/> Injury |
| <input type="checkbox"/> Animal Protocol                                  | <input type="checkbox"/> Fitness for Duty/Comprehensive  |
| <input type="checkbox"/> Environmental Exposure Assessment<br>Type: _____ | <input type="checkbox"/> Immunization<br>Type: _____   |
| <input type="checkbox"/> Medical Surveillance<br>Type: _____              | <input type="checkbox"/> Labwork<br>Type: _____  |
| <input type="checkbox"/> New Employee Health Assessment                   | <input type="checkbox"/> Annual Assessment   |
| <input type="checkbox"/> Ergonomics Evaluation                            | <input type="checkbox"/> PPD Assessment  |
| <input type="checkbox"/> Other: _____                                     |  |

**Hours of Operation: Monday – Friday 8:00 a.m. – 4:30 p.m. (closed Noon – 1 p.m. Fridays)**  
**Appointments required for all visits other than emergencies.**  
**After hours emergencies should report to the UVa Emergency Department**