Traveler's Clinic

REQUEST FOR SERVICES

University Human Resources through its contract with UVA-WorkMed provides to benefit-eligible UVa employees a professional evaluation, immunizations and medications required for work-related travel. This coverage is for services provided by the UVa Traveler's Clinic and UVa Pharmacy.

Important Coverage Information: This benefit is limited to Academic Division employees who are on the full UVA benefit plan and a select few UVA employees whose full salary is paid by UVA while they participate in a Semester at Sea voyage. This benefit does not apply to Medical Center employees, GME trainees, wage employees, adjunct faculty, or the vast majority of Semester at Sea participants. If you are unsure whether your Traveler's Clinic services will be sponsored by UVA HR, please contact the HR Service Center (434-982-0123). For billing questions after services have been provided, contact the Traveler's Clinic at 434-982-1700.

To obtain funding through University Human Resources, eligible employees who are traveling for work must complete the information below, obtain department or program head approval, and fax this form to UVA HR at 434-924-4486, Attention Ashley Martin, before scheduling your appointment. **Pre-approval by UVA HR is required for the services to be funded**. UVA HR will approve the request and return the form to you. Once you receive the approved form, schedule an appointment with the Traveler's Clinic by calling 434-982-1700.

Be sure to take this form with you to your appointment for registration purposes, otherwise you will be responsible for all Clinic charges.

ATTN TRAVEL CLINIC AND PHARMACY: This appointment is being paid by UVa WorkMed only if UVA HR has pre-approved the service (denoted by UVA HR approval below).

Register priority 1 to A92 account. DO NOT REGISTER TO COMMERICAL INSURANCE.

Employee Name_____ Employee date of birth_____

Department and Address_____

Email _____

Travel dates _____

Travel location_____

Employee Signature:_____ Dated: _____

Department Approving Manager (please print): _____

Department Approving Manager signature: _____

UVA HR Approval: _____ Dated: _____