



Risk Management & Safety

284 East Ave.

Burlington, VT 05405

(802) 656-2570 or akutchuk@uvm.edu (OSHA questions)

(802) 656-0738 or sarah.burnett@uvm.edu (worker's comp, back to work, insurance, injury questions)

AUTHORIZATION FOR EXAMINATION OR TREATMENT

****You are required to present this completed form at the health care facility before treatment will be given. Failure to do so will result in cancellation of your appointment.****

NAME: _____ **DATE OF BIRTH:** _____

DEPARTMENT: _____

DEPT. CONTACT NAME: _____

DEPT. CONTACT PHONE: _____

DEPT. CONTACT EMAIL: _____

FACILITY YOU WILL VISIT:

- Champlain Medical Urgent Care, 150 Kennedy Dr., S. Burlington 802-448-9370
- Concentra Urgent Care, 7 Fayette Dr # 1, S. Burlington 802-658-5756
- IHMS, 441 Water Tower Circle – Suite 100, Colchester, 802-655-1115
- Other – Provide name and address of Medical Facility:

Reason for Visit check all that apply

- Injury (date of injury _____)
- Illness
- Respirator physical
- PFT/Spirometry
- Animal handler physical
- DOT physical
- Pre-employment physical
- Post offer/pre-employment Screening (POPES)
- Hazardous material physical
- Vaccination (for) _____
- Blood draw (for) _____
- Drug screening
- Tuberculosis screening
- Other _____
- Other _____

Authorized by: _____

Date: _____