

Notice: You must have this form with you to be seen for your Appointment



Wellness Center

Monday - Friday **7:00 a.m. - 7:00 p.m.**
Saturday **8:00 a.m. - 12:00 p.m.**
Football Weekends: **Saturday closed,**
Sunday 1:00 p.m. - 5:00 p.m.
P: 574.631.2371 F: 574.631.1278

Pharmacy

Monday - Friday **7:30 a.m. - 7:30 p.m.**
Saturday **8:30 a.m. - 12:30 p.m.**
Football weekends: **Saturday closed,**
Sunday 1:30 p.m. - 5:30 p.m.
P 574.271.5622

APPOINTMENT AUTHORIZATION

FOAPAL (Required): _____
Fund Organization Account Program

Employee Name: _____ Date of Birth: _____

Department: _____

ENCOUNTER TYPE:

- | | |
|---|---|
| <input type="checkbox"/> DOT (CDL/Non CDL) | <input type="checkbox"/> Hepatitis B (vaccine/titer) |
| <input type="checkbox"/> TB Surveillance | <input type="checkbox"/> Respiratory Surveillance/Fit Testing |
| <input type="checkbox"/> ND Business Travel | <input type="checkbox"/> Other (Please List) |
- _____

TREATMENT AUTHORIZED BY:

PI/Supervisor Name: _____

Department: _____

Signature: _____ Date: _____

This form is not required for treatment of injuries

This form expires 30 days after the signature date