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 (Require	ed): Fund	Organization	Account	Program
Employee Name:		Date of Birth:		
Department: _				
ENCOUNTE	R TYPE:			
	DOT (CDL/Non CDL)		Hepatitis B (vaccin	e/titer)
	TB Surveillance		Respiratory Surveillance/Fit Testing	
	ND Business Travel		Other (Please List)	
TREATMENT	FAUTHORIZED BY:			
PI/Superviso	or Name:			
Department	:			
Cianatura		Data		

This form is not required for treatment of injuries

This form expires 30 days after the signature date