

Employee Name:

UF ID #:

Department Name:

Fiscal Contact:

Phone Number:

Billing Address:

This exam will consist of the following components:

___ Exam & Form Review & any diagnostic testing /immunizations if indicated:

___ Form Review Only & any diagnostic testing /immunizations if indicated:

Diagnostic Testing To Include:

___ Quantiferon Gold (TB testing) -Initial or annual

___ HIV 1 & 2

___ Q-Fever-Initial or annual

___ Ferritin/TIBC

___ Pulmonary Function Testing

___ Chest X-Ray PA & Lateral

Immunizations:

___ Hepatitis B (series of 3 injections)

___ Influenza

___ Small Pox

___ Anthrax

___ Other _____

Note to Employee: If you wish to decline any vaccinations, please contact EH&S Biosafety Office at (352) 392-1591 who can provide a decline.

New Enrollees: Please take this authorization form along with the Biopath Medical Monitoring Form & the UF Biopath Health Assessment Questionnaire and schedule an appointment with the following medical vendor:

One Stop Medical & Urgent Care
15652 NW US Highway 441, Ste.. 2D
Alachua, FL 32615
Phone: (386) 418-4060

Renewal (Annual) Enrollees: Please email this authorization along with the Biopath Medical Monitoring Form & UF Biopath Health Assessment Questionnaire to admin@onestopmedcenter.com

*The clinic will notify the employee if they need additional testing based on the answers provided and will notify the employee to schedule an appointment. If the employee cannot be notified, EH&S will be notified and a message will be sent to the department to have the employee make contact with the clinic.

Employee: Please do not accept results from clinic. The final results will be sent to biopath@ehs.ufl.edu