### PART I: HSC MEDICAL AUTHORIZATION

Hiring Official to Complete for Each New Hire

**Name of New Hire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please Print)

**Primary Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Cost Center #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HSC ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR Job Description Category (Per HSC ID Policy) (please circle) A1, A2, B, C, D, E F, G1, G2, H, I, J, K**

**Fit Testing required for position Tspot (tb screening)**

**Position at Risk for Hazardous Drug Exposure MMR (Rubella,Rubeola,Mumps)**

**Animal Handler\_ Varicella (chicken pox)**

**Other requirements (list)\_\_\_\_\_\_\_\_\_\_\_\_\_ Tdap vaccine (tetanus)**

**Hepatitis B Vaccination**

**AUTHORIZED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hiring Official Name (Please Print)**  **Signature Date**

**1) Scan completed form and send it and charge form to** [**EmployeeHealth@OUHealth.com**](mailto:EmployeeHealth@OUHealth.com)**.**

**2) Include “HSC new hire authorization” in subject line.**

**3) Provide your return email address (bottom of form) so that clearance may be sent.**

### PART II: PRE-PLACEMENT EXAM SCHEDULE

To be scheduled by OU Health Employee Health

**Appointment Date Time \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Health Nurse Date**

**DEPARTMENT: EMAIL TO EMPLOYEE HEALTH EmployeeHealth@OUHealth.com**

# EMPLOYEE HEALTH: EMAIL CLEARANCE TO HSC DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPT TO FILL IN EMAIL ADDRESS**