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| **HSC DEPARTMENTAL EMPLOYEE HEALTH CHARGE TICKET****Annual Health Screening** |
| \*\*\*FIELDS MUST BE COMPLETED PRIOR TO APPOINTMENT\*\*\* |
| Contact OU Health Employee Health Clinic at 405-271-3959 option 1 with any questions |
|  | DATE OF SERVICE: |  |  | DATE OF HIRE: |  |  |
|  | EMPLOYEE NAME: |  |  | TITLE: |  |  |  |
|  | DATE OF BIRTH: |  |  | EMPLOYEE ID: |  |  |
|  | DEPARTMENT: |  |  | SUPERVISOR NAME: |  |  |
|  | FACILITY: |  |  |  | SUPERVISOR PHONE: |  |  |
|  | CHART FIELD SPREAD: |  |  | SUPERVISOR SIGNATURE: |  |  |
|  |  |  |  |   |  |  |
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|  | LABS / TITERS |  | VACCINES |  |
|  | Description | Fee |  | Description | Fee |
|  | PPD / TB Skin Test | 25.00 |  | Injection fee | 16.00 |
|  | Phlebotomy | 12.00 |  | MMR | 82.00 |
|  | Tspot / IGRA | 70.00 |  | Varicella | 164.00 |
|  | Rubeola titer | 38.00 |  | Hepatitis B | 134.00 |
|  | Mumps titer | 52.00 |  | TDaP | 67.00 |
|  | Rubella titer | 30.00 |  |  |
|  | Varicella titer | 41.00 |  |
|  | Hep B surface antibody | 31.00 |  | SCREENINGS / FORMS |  |
|  | CBC | 39.00 |  | Description | Fee |
|  | CMP | 77.00 |  | New Hire Prescreen | 40.00 |
|  | UA | 19.00 |  | Animal Handler | 30.00 |
|  |  |  | Ishihara / Color Blind | 25.00 |
| RADIOLOGY |  |  | Snellen / Visual Acuity | 25.00 |
|  | Description | Fee |  | TB Annual Questionnaire | 25.00 |
|  | Chest X-Ray | 118.00 |  | Respirator | 35.00 |
|  |  |  | HD Surveillance | 25.00 |
| OTHER: |