



MCGHI Employee Health Service Approval Form

Form to be completed entirely by department manager and brought to Employee Health at time of service. All MCG campus employees, faculty, physicians, and agency/contracted staff will be required to provide this completed form prior to receiving services from Employee Health. (This form is not needed for work-related injuries)

Employee Name: _____

Employee SS#: _____

Date of Service: _____

Please mark all services approved to be performed during this visit:

- | | | | |
|-------------------------|-------|-----------------------|-------|
| Pre-employment physical | _____ | Immunizations: | |
| Annual physical | _____ | Hepatitis B vaccine | _____ |
| Fit testing only | _____ | MMR vaccine | _____ |
| TB skin test only | _____ | Varivax (Varicella) | _____ |
| Blood Pressure check | _____ | Hepatitis A vaccine | _____ |
| Urine Drug Screen | _____ | Rabies vaccine | _____ |
| Immunization titer | _____ | Tetanus vaccine | _____ |
| Audiology testing | _____ | | |
| Respirator physical | _____ | Injection – other | _____ |
| Breathalyzer testing | _____ | | |

By signing below I authorize payment for the above marked services. Payment for these services has been approved by the department, and an invoice will be sent to the cost center listed below.

Cost Center to be billed: _____

Printed name of manager/supervisor approving services: _____

Signature of manager/supervisor approving services: _____

Phone # of manager/supervisor approving services: _____

Name of MCG department: _____