

REQUEST FOR EMPLOYEE HEALTH SERVICES

1. Department completes **Section One**. Print and ask the employee/applicant to sign and date **Section Two**. You may keep a copy for your department's records.
2. Schedule an appointment with Employee Health Nebraska Medicine at 402-552-3563.
3. Department **must** PDF (via e-mail) the completed **signed form and Job Description** to Employee Health Services at EmployeeHealth@NebraskaMed.com **prior to the appointment**.
4. The employee/applicant **must** take the completed form to the Employee Health Services appointment.
5. **Section Three** to be completed by NM. NM will PDF (via e-mail) the completed form to the University of Nebraska Medical Center (UNMC) HR-Staffing at jobs@unmc.edu.

SECTION ONE – DEPARTMENT COMPLETES

| | | | |
|---|------------------|-----------------------------|-------------|
| Today's Date: | Department Name: | Phone #: | |
| Department Representative: | | Cost Center (Required): | |
| Position Title: | | Requisition #: | Position #: |
| Employee's Name: | | | Last 4 SSN: |
| Home Address: | City: | State: | Zip Code: |
| Home/Cellular Phone Number with Area Code: | | Initial Date of Employment: | |
| Scheduled Employee Health Appointment Date: | | Time: | |

Please indicate which exams/test(s) Employee Health Services shall complete **(mark all that apply)**:

- Pre-Employment Physical
 Annual Physical
 Drug Test **(Only Security and positions with patient contact)**
 Fit Test
 Animal Clearance
 Immunizations
 Hearing Exam
 Visual/Color Exam
 Other (Please Specify) _____
 [Nebraska Medicine Patient Contact](#)
 [Children's Nebraska Patient Facing](#)
 [Children's Nebraska Non-Patient Facing](#)

SECTION TWO – EMPLOYEE COMPLETES

UNMC EMPLOYEE HEALTH EXAMINATION AUTHORIZATION

I hereby agree to a pre-employment / continuing employment physical examination and/or drug test and/or additional tests indicated above (section one) as condition of employment at the University of Nebraska Medical Center (UNMC). I understand my employment is contingent upon successfully passing the pre-employment / continuing employment physical examination and/or drug test and/or additional tests indicated above (section one).

I understand that if my position includes contact with patients, the test results will be shared with Nebraska Medicine and/or Children's Hospital and Medical Center and/or other Hospitals/Clinics working with UNMC due to contact with their patients.

I hereby release the University of Nebraska Medical Center (UNMC), employees and/or their agents from any and all claims, which might otherwise result from said examination.

| | |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

Your Employee Health services appointment is scheduled at the South Doctor's Building, 4239 Farnam Street, Suite #600 – 6th Floor.
 Phone number: 402-552-3563

SECTION THREE – NEBRASKA MEDICINE EMPLOYEE HEALTH COMPLETES

1. Indicate the result for each completed test on the appointment date.
2. If “**Other**”, please indicate the type of test conducted and appropriate result.

| Type of Test | Is qualified for unrestricted work | Restricted work in position indicated | Is not qualified for work |
|-------------------------|------------------------------------|---------------------------------------|---------------------------|
| Pre-Employment Physical | | | |
| Annual Physical | | | |

| Type of Test | Positive | Negative |
|--------------|----------|----------|
| Drug Screen | | |

| Type of Test | Complete |
|--------------------------------|----------|
| Fit Test | |
| Animal Clearance | |
| Immunizations | |
| Hearing Exam | |
| Visual/Color Exam | |
| Other (please indicate below): | |

COMMENTS / RESTRICTIONS:

| | |
|-------------------------------|--------------|
| NM Examining Provider: | Date: |
|-------------------------------|--------------|