



Appendix B

Notice: You must have this form with you to be seen for your Appointment



Wellness Center

Monday - Friday 7:00 a.m. - 7:00 p.m.
Saturday 8:00 a.m. - 12:00 p.m.
Football Weekends: Saturday closed,
Sunday 1:00 p.m. - 5:00 p.m.
P: 574.631.2371 F: 574.631.1278

Pharmacy

Monday - Friday 7:30 a.m. - 7:30 p.m.
Saturday 8:30 a.m. - 12:30 p.m.
Football weekends: Saturday closed,
Sunday 1:30 p.m. - 5:30 p.m.
P 574.271.5622

APPOINTMENT AUTHORIZATION

FOAPAL (Required): Fund Organization Account Program

Employee Name: Date of Birth:

Department:

ENCOUNTER TYPE:

- DOT (CDL/Non CDL) Hepatitis B (vaccine/titer)
TB Surveillance Respiratory Surveillance/Fit Testing
ND Business Travel Other (Please List)

TREATMENT AUTHORIZED BY:

PI/Supervisor Name:

Department:

Signature: Date:

This form is not required for treatment of injuries

This form expires 30 days after the signature date