

## NM OFFICE OF RESEARCH/ACCESS PROGRAM NEW PARTICIPANT TREATMENT AUTHORIZATION

Please complete each section of this form. **Corporate Health will NOT be able to grant you clearance if this form is not completed.** Northwestern Medicine has a mandatory flu vaccination policy any may require any access participants to undergo annual TB testing and/or mask fit testing to remain in compliance with NM's Infection Control policies.

### PARTICIPANT INFORMATION

Name: _____	Birth Date: _____
Street Address: _____	City, State, Zip: _____
Email Address: _____	Phone Number: _____
Job Title: _____	NU Start Date: _____
Employer: _____	Manager/Supervisor: _____

### REQUESTED SERVICES

**NEW PARTICIPANT**       **Requires Respiratory Fit Testing (Only required for Level 3)**

- Call Corporate Health (312.926.8282) and request a **"Yellow Screen for an Access/Office of Research Clearance"**
- Gather your vaccination records in preparation and take them to your Corporate Health appointment.
- Current Lurie Children's Hospital Employee—

### EMPLOYER AUTHORIZATION-Please ask your employer to complete one of the two sections for billing below:

**Please note that by signing this form you are accepting responsibility for all charges incurred during this employee's Corporate Health visit.**

### NORTHWESTERN UNIVERSITY EMPLOYEES (NU Company ID: NU Research Safety)

Your Northwestern University department administrator must complete this section.

Charge String Account: \_\_\_\_\_  
Account Controller (print): \_\_\_\_\_  
Controller Signature: \_\_\_\_\_  
Authorization Date: \_\_\_\_\_

### NON-NORTHWESTERN UNIVERSITY EMPLOYEES

Your employer must complete this section. By doing so, they accept responsibility for charges incurred during your appointment:

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Authorization Date: \_\_\_\_\_

Please note authorizations are only valid for 30 days from the date of signature.