

**Medical Group**

*Corporate and Occupational  
Health Services*

2150 Pfingsten Road, Suite 3000  
Glenview, IL 60026  
[www.northshore.org](http://www.northshore.org)  
Phone (847) 657-1700  
Fax (847) 657-1715

**NORTHWESTERN UNIVERSITY  
CLINIC PASSPORT**

**Supervisors/Managers: Treatment can not be administered without the clinic passport.**

Please give this form to your employee or fax to 847-657-1715 prior to their OMEGA appointment. Employees receiving a drug or alcohol test must bring a photo identification to their appointment. Please call OMEGA with any questions at 847-657-1700.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/PI: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Name: \_\_\_\_\_

**Department/Billing Information (please check the department to be billed):**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Workers Compensation</b>                          | <input type="checkbox"/> Weinberg College of Arts/Science |
| <input type="checkbox"/> Center for Comparative Medicine (CCM)                | <input type="checkbox"/> University Police                |
| <input type="checkbox"/> Cleanroom Emergency Response Team                    | <input type="checkbox"/> Research Safety                  |
| <input type="checkbox"/> Medical Student                                      | <input type="checkbox"/> OPRS/ACUC                        |
| <input type="checkbox"/> Facilities Management                                | <input type="checkbox"/> Kellogg Executive Program        |
| <input type="checkbox"/> Materials Science & Engineering                      |   |
| <input type="checkbox"/> McCormick School of Engineering &<br>Applied Science | <input type="checkbox"/> <b>Other:</b> _____              |

**Patient is coming in for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preplacement Urine Drug Test | <input type="checkbox"/> Treatment for Work Related Injury<br><b>(Workers Compensation)</b> |
| <input type="checkbox"/> Audio Surveillance           | <input type="checkbox"/> Preplacement DOT Exam & Drug Test                                  |
| <input type="checkbox"/> Fitness for Duty Evaluation  | <input type="checkbox"/> Respiratory Use Exam   |
| <input type="checkbox"/> Bi-Annual DOT Exam           | <input type="checkbox"/> Hepatitis B Immunization   |
| <input type="checkbox"/> Hepatitis B Titer            | <input type="checkbox"/> Annual TB Testing  |
| <input type="checkbox"/> <b>Other:</b> _____          |   |

OMEGA/FORMS/NWU Passport 2009