Corporate Health Services
Northwestern Medical Group
312.926.8282
northwesternmedicine.org

Northwestern University Treatment Authorization

Northwestern University

EMPLOYEE'S INFORMATION

Last Name	First Name	MI	ID Number	Birth Date	Email

Home Street Address	City	State	Zip	Personal Phone

DEPARTMENT INFORMATION

Department/Lab	PI's Name	PI's Phone	PI's Signature

Department Address	City	State	Zip

SERVICE REQUESTED

☐ TB Screening: ☐ Skin Test ☐ Blood Test (Quantiferon)	☐ Injury Care
☐ TB Chest X-Ray	☐ Fitness for Duty Evaluation
☐ Lab animal questionnaire review	☐ Return to Work Evaluation
☐ Lab animal physical (follow-up from questionnaire review)	
☐ Respirator Fit Testing	☐ OTHER:

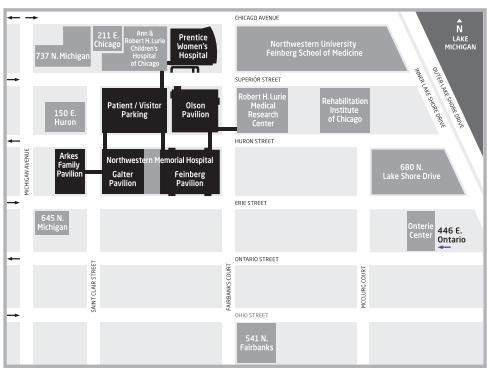
AUTHORIZING SIGNATURE

Charge String Account:		Please check one-NU Company ID: ☐ NU FSM-Office of Medical Education (NUFSM) ☐ NU Research Safety (NUOOR) ☐ NU Company ID (NU) :_____

NU Director/Authorizing Person's Signature: _____ Date: _____

As an authorized signing agent for my organization, I guarantee payment in full for all services rendered by NMP Corporate Health. Please note authorizations are only valid for 30 days from the date of signature.

Chicago Campus (Streeterville)
Northwestern Medicine
Corporate Health and Travel Medicine
676 North Saint Clair Street
Suite 900
Chicago, Illinois 60611
312-926-8282 TEL 312-926-1787 FAX



For office use only: NU-see above
Updated 02/2018