

## UW Occupational Health Program Requisition Form for Childcare Provider Physicals

This form confirms the eligibility for the employee listed below to receive all services related to their employment as a childcare provider at any UW-facility per DCF 250.04(5)(e) and DCF 251.05(1)(L)1. of the Wisconsin Administrative Code.

**The new employee must bring this completed and supervisor-signed form with them to their first appointment to the UW-UHS Occupational Medicine clinic which is located on 6th floor-Green Desk at 333 East Campus Mall.**

Today's Date	Date of First Appointment
Employee Name	Employee Phone Number
Employee Date of Birth	Employee Email
Employee UW ID 90	Center Director
Employee Title	Center Director E-mail
Employee Status ( <i>Check one</i> ) <ul style="list-style-type: none"> <li><input type="radio"/> UW Academic Faculty or Staff</li> <li><input type="radio"/> Student employee (OCCFR Billing)</li> </ul>	
Employee Childcare Center & Address ( <i>Check one</i> ) <ul style="list-style-type: none"> <li><input type="radio"/> Eagle's Wing 611 Eagle Heights</li> <li><input type="radio"/> UW Preschool Lab 1300 Linden Drive</li> <li><input type="radio"/> Waisman Center 1500 Highland Ave</li> </ul>	Center Director Phone

***All fields in the above table are REQUIRED***

By signing below, I acknowledge that I am authorizing the provision of a childcare provider physical and related tuberculosis testing for the named employee.

Supervisor signature: \_\_\_\_\_

Date: \_\_\_\_\_