**HSC Processes for New Hire Screening through OU Health Employee Health**

Follow these steps after an offer has been made:

* HSC requesting department complete the HSC New Employee Health Screening and the charge form (attached):

a) Complete all fields, including the Email address to “send clearance to.”

b) Circle the category of job description the employee falls in to (\*Refer to HSC Policy below)

c) Notify the new hire to bring all immunization records with them to their scheduled appointment.

* Send New Hire Authorization to [EmployeeHealth@OUHealth.com](mailto:EmployeeHealth@OUHealth.com) with subject line: ”Schedule New Hire”
* Employee Health will contact new hire to schedule an appointment. (We are typically scheduling a week out.) Hours for new hire screenings are Mon-Friday 7:30am-3:00pm by appointment only. The new hire may also call Employee Health @ 405-271-3959 option 1 to schedule an appointment. Employee Health will notify the department after 2 attempts to reach candidate have been unsuccessful so that the department may assume responsibility for ensuring the new hire is scheduled as soon as possible.
* After Employee Health has seen the new hire and provided new hire screening, the Employee Health Clearance Form will be sent to the department’s designated contact to indicate the person has been cleared from an Employee Health standpoint.
* Records will be kept in retrievable OU Health database.

\*Refer to OUHSC/OU-Tulsa Infectious Diseases Policy-Appendix A, Pages 11-14 for guidance on requirements. [https://compliance.ouhsc.edu/ehso/Home/Policies-Programs](https://urldefense.com/v3/__https:/compliance.ouhsc.edu/ehso/Home/Policies-Programs__;!!LFvPvQ!-KVI0uZfmxdqrWPXH1B9rWcsXIdVQTbY1ORZ8MyrRkAycA4aG-1zYBjIzuz6XnLcBJMcNH65VYOXf5dHiIp6ToTY$)

[https://www.ouhsc.edu/coronavirus](https://urldefense.com/v3/__https:/www.ouhsc.edu/coronavirus__;!!LFvPvQ!4fzZmo5FSY0zPGKH_vmDvT5dvQHvIGrJC_-i8EndIRszRDx22sbCUglVcmfgIIPUBUTio47l6oMgYUSo6sl5l1hz$)

**PART I: HSC MEDICAL AUTHORIZATION**

Hiring Official to Complete for Each New Hire

**Name of New Hire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please Print)

**Primary Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Cost Center #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HSC ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR Job Description Category (Per HSC ID Policy) (please circle) A1, A2, B, C, D, E F, G1, G2, H, I, J, K**

**Fit Testing required for position Tspot (tb screening)**

**Position at Risk for Hazardous Drug Exposure MMR (Rubella,Rubeola,Mumps)**

**Animal Handler\_ Varicella (chicken pox)**

**Other requirements (list)\_\_\_\_\_\_\_\_\_\_\_\_\_ Tdap vaccine (tetanus)**

**Hepatitis B Vaccination**

**AUTHORIZED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hiring Official Name (Please Print)**  **Signature Date**

**1) Scan completed form and send it and charge form to** [**EmployeeHealth@OUHealth.com**](mailto:EmployeeHealth@OUHealth.com)**.**

**2) Include “HSC new hire authorization” in subject line.**

**3) Provide your return email address (bottom of form) so that clearance may be sent.**

**PART II: PRE-PLACEMENT EXAM SCHEDULE**

To be scheduled by OU Health Employee Health

**Appointment Date Time \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Health Nurse Date**

**DEPARTMENT: EMAIL TO EMPLOYEE HEALTH** [**EmployeeHealth@OUHealth.com**](mailto:EmployeeHealth@OUHealth.com)

**EMPLOYEE HEALTH: EMAIL CLEARANCE TO HSC DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPT TO FILL IN EMAIL ADDRESS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HSC DEPARTMENTAL EMPLOYEE HEALTH CHARGE TICKET**  **New Hire Screening** | | | | | | | | |
| \*\*\*FIELDS MUST BE COMPLETED PRIOR TO APPOINTMENT\*\*\* | | | | | | | | |
| Contact OU Health Employee Health Clinic at 405-271-3959 option 1 with any questions | | | | | | | | |
|  | DATE OF SERVICE: | |  |  | DATE OF HIRE: | |  |  |
|  | EMPLOYEE NAME: | |  |  | TITLE: |  |  |  |
|  | DATE OF BIRTH: | |  |  | EMPLOYEE ID: | |  |  |
|  | DEPARTMENT: | |  |  | SUPERVISOR NAME: | |  |  |
|  | FACILITY: |  |  |  | SUPERVISOR PHONE: | |  |  |
|  | CHART FIELD SPREAD: | |  |  | SUPERVISOR SIGNATURE: | |  |  |
|  |  |  |  |  |  | |  |  |
|  | | | | | | | | |
|  | | | | | | | | |
|  | LABS / TITERS | | |  | VACCINES | | |  |
|  | Description | Fee |  | Description | Fee |
|  | PPD / TB Skin Test | 25.00 |  | Injection fee | 16.00 |
|  | Phlebotomy | 12.00 |  | MMR | 82.00 |
|  | Tspot / IGRA | 70.00 |  | Varicella | 164.00 |
|  | Rubeola titer | 38.00 |  | Hepatitis B | 134.00 |
|  | Mumps titer | 52.00 |  | TDaP | 67.00 |
|  | Rubella titer | 30.00 |  | | |  |
|  | Varicella titer | 41.00 |  | | | | |
|  | Hep B surface antibody | 31.00 |  | SCREENINGS / FORMS | | |  |
|  | CBC | 39.00 |  | Description | Fee |
|  | CMP | 77.00 |  | New Hire Prescreen | 40.00 |
|  | UA | 19.00 |  | Animal Handler | 30.00 |
|  | | |  |  | Ishihara / Color Blind | 25.00 |
| RADIOLOGY | | |  |  | Snellen / Visual Acuity | 25.00 |
|  | Description | Fee |  | TB Annual Questionnaire | 25.00 |
|  | Chest X-Ray | 118.00 |  | Respirator | 35.00 |
|  | | |  |  | HD Surveillance | 25.00 |
| OTHER: | | | | | | | | |