



ENVIRONMENTAL HEALTH AND SAFETY | OCCUPATIONAL HEALTH

Appointment Form

SUBMISSION INSTRUCTIONS: Complete this form entirely before submitting. Once completed, email or submit this form in-person. **THE PREFERRED SUBMISSION METHOD IS ELECTRONIC (EMAIL).** A confirmation email with instructions will be sent to you once your appointment has been scheduled. If you have any questions feel free to reach out to Occupational Health through email or phone.

EMAIL: occupational.health@ucdenver.edu **PHONE:** 303-724-9145

Personal Information

First Name:	
Last Name:	
Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID Number:	
Address:	
City/State/ZIP:	
Phone Number:	
Email:	

Appointment Information

PI/Supervisor:	
Department :	
Speedtype:	

WHAT IS THIS APPOINTMENT FOR:

Appointment type:

APPOINTMENT: Clinic hours are **Monday, Tuesday, and Thursday 8:30am to 4:00pm**. There are no clinic hours on **Wednesday or Friday**. The clinic closes every day from 12:00pm to 1:00pm. **Appointments are scheduled a week out. Select two dates each for the following week and the week after that.**

Date: _____ , Time: _____ AM PM

(Clinic Use: Scheduled Confirmation)