



IUPUI EMPLOYEE VACCINATION AUTHORIZATION FORM

In order to charge an IU department for vaccines needed for employment, authorization from the supervisor must be obtained. No vaccines will be given without authorization. A supervisor must complete the lower portion of this form including an account number in which to bill the vaccine(s). **This form must be presented at IUPUI Health Services before any vaccines will be given.**

EMPLOYEE NAME (PRINT) SOCIAL SECURITY NUMBER

DEPARTMENT NAME ACCOUNT NUMBER

SIGNATURE OF EMPLOYEE DATE

SIGNATURE OF SUPERVISOR DATE

VACCINATIONS:

MMR

MEASLES

MUMPS

RUBELLA

VARICELLA

IUPUI HEALTH
SERVICES
Coleman Hall, CF 100
1140 West Michigan Street
Indianapolis, IN
46202-5118

317-274-5887
Fax: 317-274-7657