



Appointment Form

Complete this form entirely before submitting. Once completed, email the form to occupational.health@cuanschutz.edu. 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@cuanschutz.edu **PHONE:** 303-724-9145

Personal Information

First Name:	
Last Name:	
Date of Birth:	
ID Number:	
Home Address:	
City/State/ZIP:	
Phone Number:	
Email:	

Appointment Information

PI/Supervisor:	
Department :	
Department Speedtype:	
Start Date/Project Start Date (Not applicable for follow up appointments):	
Check for High Priority Appointment	Reason:

Reason for Appointment:

APPOINTMENT

- Appointments are not available for the same week this form is received. Please indicate your availability for the next 2+ weeks.

CLINIC HOURS

- Tuesday - Thursday, 8:30 AM - 3:30 PM
*Closed daily from 12:00 PM - 1:00 PM

Date: _____ , Time: _____ AM PM

Date: _____ , Time: _____ AM PM

Date: _____ , Time: _____ AM PM

Date: _____ , Time: _____ AM PM

(Clinic Use: Scheduled Confirmation)