

CLINIC: University of Illinois-Occupational Health Service Institute
 835 South Wolcott (across from Student Center West)
 Room E-144 Chicago, Illinois 60612
For appointments: 312-996-7420 **FAX:** 312-413-8485
 Hours: M, T, TH, F: 7:00am – 4:00pm
 W: 7:00 am – 3pm

STUDENT REGISTRATION FORM

- ✓ **Photo ID required for all visits!**
- ✓ **Checks and credit cards are accepted.**

NAME: _____ **College of** _____

SS #: _____ **UIN:** _____ **D.O.B:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip** _____

Email: _____ **Cell:** _____

Purpose of Visit:

	CPT	Charge	TOTAL
Hep B S AB	87430	\$30.00	
Hep B Antigen	87340	\$57.00	
Hep B Vaccine	90746	\$96.00	
Hepatitis C AB	86803	\$37.00	
MMR Vaccine	90707	\$97.00	
Measles Titer	86765	\$30.00	
Mumps Titer	86735	\$30.00	
Rubella Titer	86762	\$30.00	
TB skin test	86580	\$40/ each	
TB Quantiferon	86480	\$58.00	
TD	90718	\$53.00	
TDaP	90715	\$77.00	
Varicella Titer	86787	\$30.00	
Varicella Vaccine	90716	\$160.00	
Respirator Certification		\$50.00	
Urine Drug Test	10-Panel	\$51.00	
Form Completion Only		\$25.00	
Polio vaccine	90713	\$98.00	

TOTAL _____ Check / CC_