Medical Clearance Form

Completed forms must be submitted to EHS prior to working with the hazards addressed herein.

Examinee Name (Last, First): _______________________________ G#: _______________________________

SECTION 1 - ANIMAL HANDLER MEDICAL SCREENING (choose one option only)

☐ PASS: The examinee has no medical issue that would prevent the performance of the duties outlined in the task description provided by the individual on the questionnaire.

☐ PASS, but Requires Periodic Monitoring or Certain Task Limitations: The examinee has a medical condition(s), however, as long as this condition(s) remains stable, the examinee has no medical contraindication to performing the duties outlined in the task description. Periodic monitoring may be required by the PLHCP or the examinee can perform the task function only with the following accommodation:

☐ FAIL: The exam revealed a condition(s) that adversely affects the examinee’s ability to perform the essential functions of the described position, or is a significant threat to the safety of self or others.

SECTION 2 - RESPIRATOR USE MEDICAL SCREENING (choose one option only)

☐ PASS: The examinee has no medical issue that would prevent the use of respirator to perform the duties outlined in the task description provided by the individual.

☐ PASS, but Requires Periodic Monitoring or Certain Task Limitations: The examinee has a medical condition(s), however, as long as this condition(s) remains stable, the examinee has no medical contraindication that would prevent the use of a respirator to perform the duties outlined in the task description. Periodic monitoring may be required by the PHLCP or the examinee can perform the task function only with the following accommodation:

☐ FAIL: The exam revealed a condition(s) that adversely affects the examinee’s ability to perform the essential functions of the described position, or is a significant threat to the safety of self or others.

SECTION 3 - VACCINATION HISTORY

☐ The individual listed on this form is in compliance with all vaccinations required by George Mason University and has been provided information on the hepatitis B vaccination including information on the importance of having this vaccination when working with or around human materials (e.g., blood, tissues, cell lines, etc.).

Name and Address of Healthcare Provider _______________________________ Contact Number _______________________________

Signature of Examiner: __________________________________________ Date: _______________________________

Printed Name of Examiner: ______________________________________

Last Updated: 04/2012