



Student Health Services
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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: _____