

Occupational Health Clearance Form

Enrollee must fill out the contact information below.

Name: _____ UCF-ID: _____ Phone No: _____
 E-Mail: _____ Date: _____ Department Name: _____
 Supervisor/PI: _____ Employee _____ Student _____ Volunteer _____

For Physician Use Only

A. Respiratory Protection Program

The individual listed above was evaluated according to the requirements from the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.134 Respiratory Protection Standard.

Yes No

The result of the evaluation showed that the employee/student/volunteer

- 1) _____ is capable of using a respirator without restrictions.
- 2) _____ is capable of using a respirator with the following restrictions.

Restrictions:

B. Animal Exposure Program

The individual listed above was evaluated using the UCF Animal Exposure Program Medical Questionnaires.

Yes No

The result of the evaluation showed that the employee/students/volunteer has

- 1) No restrictions on animal exposure.
- 2) Specific restrictions on animal exposure. >>Required: Applicable Species:
- 3) Requires further medical evaluation.

Restrictions:

C. BSL3 Access Program

The individual listed above was evaluated:

Yes No

- 1) Requires further medical evaluation.
- 2) Is cleared to enter the BSL3 Laboratory.

D. Hearing Conservation Program

The individual listed above was evaluated according to the requirements from the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.95 Occupational Noise Exposure.

- 1) Audiogram was successfully conducted.
- 2) Audiogram needs to be repeated.

E. Other Occupational Exposure Evaluation

Physician's Name and License # (Print)

Date

Signature