

## Yale University Biosafety Level 3 (BSL3) Worker Medical Clearance Form

Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Net ID: \_\_\_\_\_

Department: \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Principal Investigator Signature \_\_\_\_\_

Risk Group 3 Infectious Agent(s) proposed for use: \_\_\_\_\_

*(Top Portion to be completed by Principal Investigator)*

### Yale Employee Health Visit

Date of Visit: \_\_\_\_\_

*Check if Complete*

- Routes of exposure, incubation period reviewed
- Reporting protocol for related signs and symptoms of disease reviewed
- Response/Exposure Procedures and post-exposure prophylaxis reviewed
- Employee health status reviewed for risks that would increase hazard of proposed work
- Informed to report changes in health status
- Serum for Storage drawn
  
- Recommended immunizations given       Y     N     n/a
- Titers drawn if applicable
- Other \_\_\_\_\_

Disposition

### Worker Clearance Record

Worker medically cleared to work with BSL3 agents:

*Specify Agents*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Healthcare Professional*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name (please print)*