



Health Risk Assessment Review and Recommendations

(To be completed by Health Reviewer)

I have reviewed the following submitted forms:

- OHSP Form A Risk Health Assessment and Form B Medical Questionnaire**
- OHSP Form D Health Risk Reassessment**

Based on the information supplied by the employee/student, it is my opinion that the following recommendation(s)/actions are appropriate. These recommendations are based on the assumption that the employee/student has received the Occupational Health Training pertinent to their duties.

Employee/Student Name: _____

Initial Medical review Follow-up Assessment Annual Reassessment Date: _____

Reviewed by: _____ Signature: _____

Cleared

This animal worker is cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided

Conditional Clearance

This animal worker is cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided; **however**, one or more of the follow-up items listed on reverse side must be addressed within the stated time frame in order for the animal worker to continue work with animals. **NOVA Medical Center** is the designated service provider for follow-up items.

Clearance Pending

This animal worker is **NOT** cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided. One or more of the follow-up items listed below must be resolved before the animal worker may be allowed to work with animals. **NOVA Medical Center** is the designated service provider for follow-up items.

Not Cleared

This animal worker is **NOT** cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided

(Continued on reverse side)

Follow-Up Items:	Date to be completed by:
<input type="checkbox"/> Physical examination by physician/occupational health nurse indicated	
<input type="checkbox"/> Tetanus/Diphtheria Vaccination required	
<input type="checkbox"/> Tetanus/Diphtheria Vaccination will be due by:	
<input type="checkbox"/> Rabies Vaccination recommended	
<input type="checkbox"/> Rabies titer recommended	
<input type="checkbox"/> Hearing test	
<input type="checkbox"/> Pulmonary function evaluation	
<input type="checkbox"/> Tuberculosis screen	
<input type="checkbox"/> Other _____ _____ _____	

<input type="checkbox"/> Work Limitations: _____ _____ _____ _____ _____ _____ _____ _____ _____
--

**Health Reviewer, please email this
completed form to:**

Karalyn_Humphrey@baylor.edu