

MEDICAL CLEARANCE & Immunization Record

THIS IS A CONFIDENTIAL MEDICAL RECORD

Name of Individual (Please Print): _____ Position _____

~~Based Upon - CDC's Revised 2005 Official (11/01) List of the job (BDC) The need for any accommodation 2 (MCA.1 8 2 0 w 211 4) (e. 80) (sv 8 2 8~~

Yes No

2. Can the individual perform the essential functions of the job without a significant risk of substantial harm to individual or to others, without the need for any accommodation? **Yes No**

* If the answer to question #1 or #2 is "No", possibility of reasonable accommodation must be explored.

** An Affirmative answer to question #2 is not a representation that there is not risk of harm.

List Recommended Accommodations

Communicable Disease Certification: (TO BE COMPLETED BY HEALTH CARE PROVIDER)

_____ I have evaluated this individual and their immunity records. In my medical opinion he/she is free from all communicable disease.

_____ I cannot at this time, ascertain that this individual is free of communicable disease.