

**NIH Occupational Medical Service
Summer Student/Short Stay Clearance Form**

Employee Name _____ SSN (Last 4 digits): _____

Start Date _____ Approximate End Date _____

Employee Contact Information: Home Phone _____ Cell _____

Email _____

Supervisors/Student Coordinators: Please mark "Yes" or "No" for all items and provide your information below:

YES NO

 Working in Building 10 (All areas)

Working with:

 Patients (*working in any area where patients can be found*)

 Human blood, body fluids, or tissues (unfixed)

 Human pathogens (infectious agents)

 Select carcinogens, reproductive toxins, or acutely toxic agents

 Animals (specify below)

 ___ Nonhuman primates

 ___ Small animals

 ___ Other (specify):

Please Note: If "No" is selected for all of the above, the employee does not need to be seen in OMS for a pre-placement evaluation and this form does not need to be forwarded to OMS.

Signature Supervisor/IC Representative: _____

Printed Name: _____ Date: _____

I/C: _____ Division: _____

Location: Main Campus Other: _____

Phone Number: _____

Please forward this form to OMS when completed

To be completed by OMS:

National Institutes of Health
Occupational Medical Service

The employee, _____, is fit for duty effective

_____ and is cleared to work in the setting(s) indicated above.

OMS Healthcare Provider's Signature