

NIH Occupational Medical Service Summer Student Clearance 2015

Student Name: _____ SSN (Last 4 digits): _____
 Student Contact Information: Home Phone _____ Cell _____
 Email _____ Start Date _____

Supervisors/Student Coordinators: Please mark "Yes" or "No" and forward completed form to OMS:

YES	NO	Job Requirements:
		Working in Building 10 (All areas)
		Minor (under 18 years old)
		Working with:
		Patients (<i>working in any area where patients can be found</i>)
		Human blood, body fluids, or tissues
		Human pathogens (infectious agents)
		Select carcinogens, reproductive toxins, or acutely toxic agents
		Animals ___ Nonhuman primates ___ Small animals ___ Other (specify):

*Minors require signed parental consent and are not permitted to work with human blood, body fluids, or tissues, hazardous substances or nonhuman primates.

Please Note: If the answer is "No" to *all* of the above, the student 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: _____ Phone Number: _____

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