

**NIH Occupational Medical Service  
Summer Student/Short Stay Clearance  
Form 2020**

Employee Name \_\_\_\_\_ SSN (Last 4 digits): \_\_\_\_\_

Start Date \_\_\_\_\_ Approximate End Date \_\_\_\_\_

Employee Contact Information: Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Supervisors/Student Coordinators:** All minors need an Authorization to Treat a Minor Form completed prior to appointment. 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**

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**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