

55 Lock Street
PO Box 208237
New Haven, CT
(203) 432-0071
Employeehealth-business@yale.edu

Name: _____
DOB: _____

**DEPARTMENT OF EMPLOYEE HEALTH
PERIODIC MEDICAL CLEARANCE RENEWAL**

This form is to be used to renew an existing medical clearance, by all individuals handling animals as part of their research, teaching, or training activities. The completed form should be uploaded to the [Health On Track](#) portal, for review and processing.

Name: _____ Sex: Female Male
Address: _____ Home Phone: _____
Net ID: _____
DOB: _____ Department: _____
Job Title: _____ Business Phone: _____
PI: _____ Business Fax: _____

- N Y Have you experienced any significant changes in your general health since your last medical screening? If yes, please specify: _____
- N Y Are you currently pregnant or planning to become pregnant?
- N Y Do you have any immunosuppressive conditions or take medication that suppresses your immune system?
- N Y Have you experienced any new allergy or asthma symptoms or had any new skin rashes?
- N Y Do you have any heart disease or problems with your heart valves?
- N Y Do you have liver disease?
- N Y Has your exposure to animals at work significantly increased over the last 3 years, or do you spend more than 75% of your work time in direct contact with animals?

Please note current level of animal work:

- _____ Level 1: non-feral rodents, rabbits, aquatics, birds, pet species (dog, cat, etc), and pigs
- _____ Level 2: NON-Human Primates
- _____ Level 3: Other farm animals (e.g. sheep; not pigs or poultry)
- _____ Level 4: Field Studies with hazardous or venomous species

For field study clearance, please indicate species and, Direct or Indirect contact _____
A travel medical consult may be required for projects outside of the US.

I have completed this form in full, and certify that the information provided above is correct to the best of my knowledge.

Signature: _____ Date: _____

EMPLOYEE HEALTH OFFICE USE ONLY

Renewal for Level _____ approved on _____

Signature: _____