

Yale Health  
55 Lock Street  
PO Box 208237  
New Haven, CT 06520-8237  
Employeehealth-business@yale.edu  
(203) 432-0071

**DEPARTMENT OF EMPLOYEE HEALTH**  
**ANNUAL MEDICAL CLEARANCE RENEWAL FOR WORK WITH NON-HUMAN PRIMATES**

Name: _____	Today's Date: _____
Address: _____	
	Sex: M _____ F _____
Date of Birth: _____	Home Phone: _____
Net ID: _____	Business Phone: _____
Job Title: _____	Business Fax: _____
Department: _____	PI: _____

\_\_\_ I am requesting ACCESS to non human primates

By signing below, I attest that I have had no significant changes to my health\* or medical condition in the past 12 months, and

Please Check One

The date of my Tuberculosis screening test was \_\_\_\_\_  
PPD result \_\_\_\_\_

OR

Quantiferon serum test \_\_\_\_\_

I have a history of positive PPD **and** TB serum screening test, followed by documented normal chest X-Ray on file with your office, on \_\_\_\_\_. I have not experienced any signs or symptoms of Tuberculosis infection in the last 12 months (fever, night sweats, cough, unexplained weight loss).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*Please contact the Employee Health office or re-submit the complete Medical Surveillance Questionnaire for any significant changes in health.*

Please upload forms to the [\*\*Health On Track\*\*](#) portal

**FOR EMPLOYEE HEALTH OFFICE USE ONLY**

Renewal for Level 2  
Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Dorothyann J. van Rhijn, MD