

Yale Health
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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 have completed or will schedule my annual TB screening in the Health On Track portal.

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
