

APPENDIX E EMPLOYEE

University Police & Safety Office, 231-7759

NDSU Occupational Health and Safety Program for Animal Care & Use

MEDICAL PROVIDER HEALTH ASSESSMENT REPORT TO NDSU

Name: _____ Department: _____

Supervisor Name (Please print) _____

1. I certify that I have evaluated the above individual's health assessment and have concluded the following:

- No medical exam/vaccine is recommended based on the submitted information.
- Recommend Vaccine only: Tetanus ____ Hep B ____ Hep A ____ Rabies ____
- Recommend medical exam/vaccine based on the submitted information.

Medical Provider: (Return copy to NDSU Safety Office and patient)

Provider Signature: _____ Date: _____

2. I certify that I have completed the medical exam on the above individual and have concluded the following:

- No existing health condition has been identified that could alter this person's exposure-risk profile.
- A health condition exists that affects this person's exposure-risk profile, but the risk can be minimized or eliminated. The person must take the following precautions or preventive measures (e.g., vaccinations, wearing gloves, masks, avoiding contact with certain species, etc.) to minimize or avoid the risks:

Tetanus ___/___/___ Hep B(1st Shot) ___/___/___ Hep A ___/___/___ Rabies (1st Shot) ___/___/___

- A health condition exists that affects this person's exposure-risk profile that cannot be eliminated or minimized.

Health Care Facility (DMP): _____

Provider Signature: _____ Date: _____

(1) Send a copy to the NDSU Safety Office (fax 701-231-6739) or mail to Safety Office, Dept. 3300, P O. Box 6050, Fargo, ND 58108

(2) Provide a copy to the above individual after completing the medical exam and a copy to the NDSU Safety Office (fax 701-231-6739) or mail to Safety Office, Dept. 3300, P O. Box 6050, Fargo, ND 58108

(Report to be forwarded by the Safety Office and maintained in HR/PR Office)