

**MEDICAL CLEARANCE & Immunization Record**

**THIS IS A CONFIDENTIAL MEDICAL RECORD**

Name of Individual (Please Print): \_\_\_\_\_ Position \_\_\_\_\_

~~Based Upon - CDC's Essential Functions of the Job (BDF) The need for any accommodation 25MC4.1 8 2 0 w 211 (F) (e. 8) ( sv 8 2 8~~

**Yes      No**

2. Can the individual perform the essential functions of the job without a significant risk of substantial harm to individual or to others, without the need for any accommodation?      **Yes      No**

\* If the answer to question #1 or #2 is "No", possibility of reasonable accommodation must be explored.

\*\* An Affirmative answer to question #2 is not a representation that there is not risk of harm.

**List Recommended Accommodations**

**Communicable Disease Certification: (TO BE COMPLETED BY HEALTH CARE PROVIDER)**

\_\_\_\_\_ I have evaluated this individual and their immunity records. In my medical opinion he/she is free from all communicable disease.

\_\_\_\_\_ I cannot at this time, ascertain that this individual is free of communicable disease.