

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To: [Recipient Name/Organization]
Subject: Medical Clearance for Chemical Sterilant Exposure

Dear [Recipient Name],

This letter serves to confirm that **[Employee Name]** (DOB: [Date of Birth]) has undergone a medical evaluation for the purpose of working with chemical sterilants, specifically **[Name of Chemical, e.g., Ethylene Oxide, Glutaraldehyde]**.

Based on the medical history, physical examination, and relevant diagnostic tests performed on [Examination Date], the following determination has been made:

Status:

- The individual is medically cleared to work with chemical sterilants without restrictions.
- The individual is medically cleared to work with chemical sterilants with the following restrictions: [List Restrictions].
- The individual is NOT medically cleared to work with chemical sterilants at this time.

Required Personal Protective Equipment (PPE):

The individual has been informed of the necessary PPE requirements, including but not limited to: [List PPE, e.g., respiratory protection, gloves, eye protection].

This clearance is valid until [Expiration Date] unless a change in the individual's health status or work environment occurs.

Sincerely,

[Physician/Provider Signature]
[Physician/Provider Name, Title]
[License Number]
[Clinic Stamp/Seal]