

Date: [Date]

To: [Employee Name/ID Number]

Company: [Company Name]

Subject: MEDICAL CLEARANCE REGARDING BLOODBORNE PATHOGEN EXPOSURE

Dear [Employee Name],

In accordance with the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030), a medical evaluation has been completed following the exposure incident reported on [Date of Incident].

The following determinations have been made:

- The employee has been informed of the results of the evaluation.
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- The employee has been offered/received the Hepatitis B vaccination (if applicable).

Status:

The employee is medically cleared to return to their full work duties with no restrictions.

The employee is cleared to return to work with the following restrictions: [List Restrictions].

All other findings from this medical evaluation are confidential and will not be disclosed to the employer, as per federal privacy regulations.

Sincerely,

[Healthcare Professional Signature]

[Healthcare Professional Name and Title]

[Facility Name]

[Phone Number]