

Date: [Date]

To: [Recipient Name/Occupational Health Department]

From: [Medical Provider Name/Clinic Name]

Subject: Medical Clearance - Bloodborne Pathogen Serology

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Employee/Student ID: [ID Number, if applicable]

To Whom It May Concern,

This letter serves to confirm that [Patient Name] has undergone serological testing for bloodborne pathogens. Laboratory results indicate negative findings for the following:

- Human Immunodeficiency Virus (HIV 1 & 2)
- Hepatitis B Surface Antigen (HBsAg)
- Hepatitis C Virus Antibody (HCVAb)

Based on these results, the individual is currently cleared for [work/clinical rotation/program participation] in accordance with standard safety protocols.

Please contact our office at [Phone Number] if you require further verification or copies of the lab reports.

Sincerely,

[Signature]

[Provider Name and Credentials]

[Clinic Name]

[License Number]