

Date: [Insert Date]

To: [Recipient Name/Department]

From: [Occupational Health Provider Name]

Subject: Occupational Health Bloodborne Pathogen Clearance

Employee Name: [Employee Full Name]

Employee ID/DOB: [ID Number or Date of Birth]

This letter serves to confirm that the above-named individual has completed the required occupational health screening and/or immunization protocols regarding Bloodborne Pathogens (BBP) as mandated by [Company Name/Regulatory Body].

Clearance Status:

- **Hepatitis B Vaccination:** Completed / In Progress / Titers confirm immunity / Declined (Waiver on file)
- **BBP Training:** Completed on [Date]
- **Post-Exposure Protocol Review:** Completed

Based on the medical evaluation and documentation provided, the employee is:

CLEARED for all duties involving potential exposure to human blood or other potentially infectious materials (OPIM).

NOT CLEARED for duties involving potential exposure at this time.

Restrictions (if any): [Insert Restrictions or N/A]

This clearance is valid until: [Insert Expiration Date or "Annual Review Required"]

Sincerely,

[Signature]

[Printed Name and Title of Medical Professional]

[Clinic/Facility Name]

[Phone Number]