

Date: [Date]

To: [Recipient Name/Department]

Organization: [Facility/University Name]

Address: [Street Address, City, State, Zip]

Subject: Medical Clearance for Bloodborne Pathogen Exposure Risk

Dear [Recipient Name],

This letter serves to confirm that I am the attending physician for **[Patient Full Name]**, Date of Birth: **[DOB]**.

I have reviewed the patient's medical history and current health status regarding Bloodborne Pathogens (BBP), including but not limited to Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

Based on my clinical evaluation and/or laboratory results dated [Insert Date of Labs], the patient is:

- Cleared to perform clinical duties and/or participate in activities involving potential exposure to human blood or other potentially infectious materials (OPIM).
- Current on all required immunizations, including the Hepatitis B vaccine series (or has a documented titer confirming immunity).
- Free of any infectious conditions that would pose a direct threat to the health or safety of others in a clinical environment.

This clearance is valid until [Expiration Date, if applicable]. If there are any changes in the patient's health status that may impact this clearance, I will advise the patient accordingly.

Should you require any further information or specific documentation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[License Number]

[Medical Practice/Clinic Name]

[Phone Number]