

[Hospital or Clinic Letterhead]

[Date]

To: [Name of Recipient/Department/Organization]
From: [Occupational Health Department/Medical Director]
Subject: Bloodborne Pathogen Clearance

Dear [Name],

This letter serves to certify that **[Staff Member Name]**, [Staff Member ID/Title], has met the medical requirements regarding bloodborne pathogen (BBP) safety and clearance for clinical duties.

The aforementioned staff member has completed the following:

- **Hepatitis B Vaccination:** [Completed Series / In Progress / Documented Immunity]
- **BBP Training:** OSHA-compliant Bloodborne Pathogens training completed on [Date].
- **Health Screening:** Required baseline laboratory testing and medical evaluations have been performed and reviewed.

Based on our medical records and evaluation, [Staff Member Name] is cleared to perform clinical tasks, including procedures involving potential exposure to blood or other potentially infectious materials (OPIM).

This clearance is valid until [Expiration Date], or until a change in health status or exposure incident occurs.

Sincerely,

[Signature]
[Printed Name of Healthcare Provider]
[Title/Credentials]
[Contact Information]