

[Hospital or Clinic Letterhead]

[Date]

To: [Recipient Name/Department]

From: [Occupational Health Department/Medical Director Name]

Subject: Bloodborne Pathogen Clearance for Surgical Staff

Dear [Recipient Name],

This letter serves to certify that [Staff Member Full Name], [Job Title/Credential], has completed the required medical evaluations and screenings necessary to perform exposure-prone surgical procedures at [Facility Name].

In accordance with institutional policy and national healthcare safety guidelines, the following has been verified:

- **Hepatitis B (HBV):** The individual has demonstrated immunity via vaccination or laboratory testing, or has been cleared under specific monitoring protocols.
- **Hepatitis C (HCV):** The individual has been screened and found to be non-infectious for clinical practice.
- **Human Immunodeficiency Virus (HIV):** The individual has been screened and cleared for surgical duties.
- **Training:** The individual has completed the mandatory annual Bloodborne Pathogen Exposure Control training.

Based on the results of these evaluations, [Staff Member Name] is medically cleared to participate in all surgical activities, including invasive procedures, without restriction.

This clearance is valid until [Expiration Date], at which point updated screening or training may be required.

Sincerely,

[Signature]

[Printed Name and Title]

[Medical License Number]

[Contact Information]