Health Risk Assessment Review and Recommendations
(To be completed by Concentra Medical Center Health Reviewer)

Concentra Medical Clinic
4205 Franklin Avenue, Waco, Texas, 76710
Phone: 254.772.2777; Fax: 254.772.2770

I have reviewed the following submitted forms:

[ ] OHSP Form A Risk Health Assessment and Form B Medical Questionnaire
[ ] OHSP Form D Health Risk Reassessment and Form E Medical Questionnaire

Based on the information supplied by the employee/student, it is my opinion that the following recommendation(s)/actions are appropriate. These recommendations are based on the assumption that the employee/student has received the Occupational Health Training pertinent to their duties.

Employee/Student Name: ___________________________ Baylor ID: _______________________
Initial Medical review: _______________ Follow-up Assessment: _______________
Annual Reassessment: _______________ Date: _______________

Reviewed by: ___________________________ Signature: ___________________________

☐ Cleared
This animal worker is cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided.

☐ Conditional Clearance
This animal worker is cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided; however, one or more of the follow-up items listed on reverse side must be addressed within the stated time frame in order for the animal worker to continue work with animals. Concentra Medical Clinic is the designated service provider for follow-up items.

☐ Clearance Pending
This animal worker is NOT cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided. One or more of the follow-up items listed below must be resolved before the animal worker may be allowed to work with animals. Concentra Medical Clinic is the designated service provider for follow-up items.

☐ Not Cleared
This animal worker is NOT cleared to work with animals in the way declared on the OHSP Form A or D (Health Risk Assessment or Reassessment) provided

(Continued on reverse side)
### Follow-Up Items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Date to be completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical examination by physician/occupational health nurse indicated</td>
<td></td>
</tr>
<tr>
<td>Tetanus/Diphtheria Vaccination required</td>
<td></td>
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<tr>
<td>Tetanus/Diphtheria Vaccination will be due by:</td>
<td></td>
</tr>
<tr>
<td>Rabies Vaccination recommended</td>
<td></td>
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<tr>
<td>Rabies titer recommended</td>
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<tr>
<td>Hearing test</td>
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<tr>
<td>Pulmonary function evaluation</td>
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<tr>
<td>Tuberculosis screen</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

### Work Limitations:

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Return form completed by Concentra to:

Laboratory Safety Program Manager  
One Bear Place #97290  
Waco, TX 76798-7290  
(254) 710-2900