



# 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:	Date to be completed by:
<input type="checkbox"/> Physical examination by physician/occupational health nurse indicated	
<input type="checkbox"/> Tetanus/Diphtheria Vaccination required	
<input type="checkbox"/> Tetanus/Diphtheria Vaccination will be due by:	
<input type="checkbox"/> Rabies Vaccination recommended	
<input type="checkbox"/> Rabies titer recommended	
<input type="checkbox"/> Hearing test	
<input type="checkbox"/> Pulmonary function evaluation	
<input type="checkbox"/> Tuberculosis screen	
<input type="checkbox"/> Other _____ _____ _____	

<input type="checkbox"/> <b>Work Limitations:</b>  _____ _____ _____ _____ _____ _____ _____ _____ _____
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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