

**MEDICAL CLEARANCE & Immunization Record**

THIS IS A CONFIDENTIAL MEDICAL RECORD

Name of Individual (Please Print): \_\_\_\_\_ Position \_\_\_\_\_

Based upon my assessment of the above individual's physical capabilities as they relate to the essential functions of the above position, I conclude:

- 1. Is the individual currently able to perform the essential functions of the job, without the need for any accommodation?  
 Yes  No
- 2. Can the individual perform the essential functions of the job without a significant risk of substantial harm to individual or to others, without the need for any accommodation?  Yes  No

\* If the answer to question #1 or #2 is "No", possibility of reasonable accommodation must be explored.

\*\* An Affirmative answer to question #2 is not a representation that there is not risk of harm.

List Recommended Accommodations

**Communicable Disease Certification: (TO BE COMPLETED BY HEALTH CARE PROVIDER)**

\_\_\_\_\_ I have evaluated this individual and their immunity records. In my medical opinion he/she is free from all communicable disease.

\_\_\_\_\_ I cannot at this time, ascertain that this individual is free of communicable disease.

	DATE	MANUFACTURER
COVID-19 IMMUNIZATION - DOSE #1 **		PFIZER / MODERNA / J & J
COVID-19 IMMUNIZATION - DOSE #2 **		PFIZER / MODERNA / J & J
COVID-19 IMMUNIZATION - DOSE #3 **		PFIZER / MODERNA / J & J
ANNUAL INFLUENZA IMMUNIZATION		
TB Results		POSITIVE / NEGATIVE

\*\* Please note as per the Royals Back Together Health & Safety Plan and the CDC recommendations you are REQUIRED to be completely vaccinated for SARS-COV2 prior to beginning work at the University of Scranton.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date