Laboratory or Field Animal Research
Medical Clearance for Proposed Work

To be completed by Haverford Healthcare Provider MD/CRNP

Preferred name: _____________________________________________________________

I determine the student is

☐ Medically eligible to perform the stated activities without restriction
☐ Medically eligible to perform the stated activities with additional requirements

Please specify (e.g. personal protective equipment or vaccination):____________________

____________________________________________________________________________

____________________________________________________________________________

☐ deemed medically ineligible to perform the stated activities.

____________________________________________________________________________

Signature of MD/CRNP                                           Date

Please email/deliver completed form (detached from the Risk Assessment Questionnaire) to recompton@haverford.edu, Department of Psychology, Haverford College, KINSC 5428

3/17