Haverford College Laboratory Animal Research
Medical Clearance for Proposed Work
(Fall 2014)

To be completed by Maryann Gitter MSN, CRNP in HC’s Health Services

Name of student: _____________________________________________________________

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 Maryann Gitter MSN, CRNP                          Date

Please email completed form (detached from the Risk Assessment Questionnaire) to rmanning@haverford.edu,
Department of Mathematics and Statistics, Haverford College