Private Practitioner Evaluation of Ability to Work with Animals at Indiana State University

Name:		
Date of Birth:		
The above named individual has completed a (LHCP) in order to determine her/his ability to evaluation was based on a completed Anima	o work with animals at Indiana State l	Jniversity. The
Based on this evaluation, this individual is:		
□ Medically Approved		
□ Medically Approved with Conditions (see	below)	
□ Not Medically Approved		
Conditions (an example might include an out	dated vaccination that needs a booste	<u>er)</u> :
This approval is based on the health status, e their completed Animal User Health Screenin work environment would require a medical r	g Questionnaire. Any changes in the	
Medical clearance to work with animals shou medically approved to work with animals, the years from today as long vaccinations stay up	e next recommended medical evaluat	ion should be four (4)
Practitioner Signature	Printed Name	Date