

Please see the back of this form for instructions.

**Reserved for Dean, Director, or Department Chairperson**

Dean, Director, or Department Chairperson Signature		Date
Name and title - (Please type or print)		
Dept. Contact's Name: <i>(Last, First MI)</i>		
Dept. Contact's Email Address:		
Department Name:		
Campus Phone:		Ext:
Candidate's Name:		Candidate's UFID:
HR Action:	HR Recruiter:	
Justification:		
From Position #:	To Position #:	
Position Title:	Position Title:	

**Environmental Health & Safety Use Only**

Reviewer Name: _____	Date Received: _____
Date waiver entered on PeopleSoft Physical Exam Screen: _____	Effective Date: _____
Comments:	

## **PURPOSE**

This form is used to request a waiver of the health assessment requirements from Environmental Health and Safety for a candidate in your department. The candidate waiver is a single-use waiver, meaning it only applies to the current medical requirements record and candidate, not to the position itself.

## **INSTRUCTIONS**

1. Enter your name, email address, department name, and campus phone number in the spaces provided.
2. Enter the candidate's name and UFID in the spaces provided.
3. Enter the personnel action which initiated the waiver request in the spaces provided.
4. Enter the Human Resources' Recruiter who is handling the personnel action in the space provided.
5. Enter appropriate justification for the waiver in the spaces provided.
6. Enter the position numbers the candidate is moving from, and moving to, in the space provided.
7. Have the form signed by the dean, director, or department chair in the shaded box near the top of the form.
8. Submit the signed form to Environmental Health & Safety:
  - Email to [OCCMED@ehs.ufl.edu](mailto:OCCMED@ehs.ufl.edu)

**If you have questions pertaining to the use of this form, call EH&S at 352-392-1591.**