

The applicant must: 1). Return the original complete form to MATC, Nursing Center, Room M240. Name _____
2). Retain a copy to show instructor.

Program INTP

MILWAUKEE AREA TECHNICAL COLLEGE
700 WEST STATE STREET
MILWAUKEE, WISCONSIN 53233

HEALTH CERTIFICATION

(Print Name and Address)

NAME: _____ BIRTHDATE: _____ / _____ / _____
ADDRESS: _____ City/State _____ Zip Code _____
PROGRAM NAME: _____ Semester Start _____ TELEPHONE #: _____
Cell Phone #: _____ E-Mail Address: _____
STUDENT ID # or SS#: _____ DATE DUE: _____

This form must be completed and returned
by the above stamped date

Were you in another Health Occupations program? Yes or No
If yes, what program? _____ Date you were in program _____

ONLY PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, TO COMPLETE THE FOLLOWING:

I have examined _____ and certify that she/he is in good physical and mental health.
Student's Name

On letterhead stationary, please list any physical limitations or other disabilities which would limit this individual's capacity to perform the essential functions of this profession. (See attached)

Physicians, Physician Assistant or Nurse Practitioner SIGNATURE & Medical Title

_____ Date _____

Print Professional's Name _____ Office Telephone # _____

Address _____
Street City State Zip Code

A full exam is on file at _____

MANTOUX TUBERCULIN SKIN TEST: This must be administered within one year of date of program entry.

PROCEDURE:

Step 1:

1). A Mantoux Tuberculin Skin Test of 0.1 (STU) PPD is administered to all individuals who have never had a two-step skin test or to those individuals who have not had a PPD within the last two years.

2). A health care professional must read the results within 48-72 hours.

If positive, must follow- up with a chest x-ray.

REPORTING RESULTS

1. Step 1 Results

_____ Date Administered _____ Date Read _____ Results _____ Authorized Signature and Medical Title _____

2. CHEST X-RAY (indicated only when Tuberculin Skin Test is Positive)

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Date Administered

Date Read

Results

Authorized Signature and Medical Title

PLEASE NOTE: You **MUST** make a copy of your completed health form and retain it. You may need to provide it to a clinical agency.

IMPORTANT

DO NOT RETURN UNLESS ALL RESULTS AND SIGNATURES ARE COMPLETE.

I give permission to release information on this health form to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.

Signature of Student _____

INSTRUCTIONS TO STUDENTS

- Did your doctor or authorized medical person sign **every** authorized signature, dates and results of tests?
- Is your physical exam completed and all necessary information on the form completed?
i.e. (signature, print name, address, telephone #, test results, etc.)
- Do we have your **home phone** # on the space provided?
- Do you have a copy?

IF YOU HAVE ANY QUESTIONS

Email Joe Tuttle, at tuttlejm@matc.edu

OR

call

414-297-7871

between the hours of

8:30 a.m. – 12:30 p.m.

Monday - Thursday