

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

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 not had a PPD skin test within the last year.
- 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)

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

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

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, CALL THE NURSING CENTER

Joe Tuttle, at 414-297-7871
(Leave message if Joe Tuttle is unavailable)

OR

Call
Nursing Center Reception Desk
414-297-6482
between the hours of
8:30 a.m. – 12:30 p.m.
Monday - Thursday

(s\admin\HLTHFRMEarlyChild)
(Revised 10/21/05:jt)

***MATC is an Affirmative Action/Equal Opportunity Institution
and complies with all requirements of the Americans With Disabilities Act.***