

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

Program TEP

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 _____

TWO STEP MANTOUX TUBERCULIN SKIN TEST: This must be administered within one year of date of program entry or, if over one year, a ONE step update must be performed
PROCEDURE:

Step 1:

1). A Mantoux Tuberculin Skin Test of 0.1 (STU) PPD is administered to all individuals who have never had a TB skin test or to those individuals who have not had a PPD 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 |
|-------------------|-----------|---------|--|
|-------------------|-----------|---------|--|

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 _____

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

Program TEP

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\HLTHFRM2)
(Revised 3/28/08)

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