

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 \_\_\_\_\_

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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.

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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

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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 \_\_\_\_\_

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**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.*