UNIVERSITY of WISCONSIN LA CROSSE

SCHOOL OF EDUCATION, PROFESSIONAL & CONTINUING EDUCATION

Office of Partnership, Professional Development & Outreach

Tuberculosis (PPD) Skin Test and Hepatitis B Immunization Documentation

The University of Wisconsin-La Crosse (UWL) Teacher Education program requires students to provide official documentation of a negative Tuberculosis (TB) skin test reading before beginning the student teaching placement. An official record of Hepatitis B immunization is also required.

We accept TB test results and Hepatitis B immunization records from a doctor's office, clinic, County Health Departments, and State Immunization Registries.

Link to Wi Immunization Registry: https://www.dhs.wisconsin.gov/immunization/wir.htm.

Link to MN Immunization Registry: https://apps.health.state.mn.us/redcap/surveys/?s=FPMPPRFAWF

The UWL Student Health Center provides full-time students the TB skin test service for approximately $5.00. Please call (608)785-8558 to make an appointment, as the days and times the TB skin test can be administered and read are limited. The Student Health Center will provide you a confirmation form to turn in to the Office of Field Experience. Most students received the Hepatitis B immunization a number of years ago; however, if you need to begin the series of three shots, cost for full-time students is approximately $30 each. (Student Health Center fees are subject to change.)

TB test information should include date and location administered (left or right arm) as well as the date and induration reading result. *If using a doctor or clinic form as documentation, the name and address of the clinic or doctor's office must be included, and an appropriate professional representative must* ***sign*** *the record.* The doctor or nurse also has the option to complete and sign the form below. Records may be mailed, delivered to our office or faxed to (608)785-8926.

If you need more information, please call the Office of Field Experience at (608)785-8126.

Student Legal Name____________________________________UWL Student ID _____________________

Address ____

City/State/Zip ____

Phone______________________________ Semester/Year Student Teaching _______________________

TB Skin Test (PPD)	___________ Date Given	___________ Location	___________ Date Read	___________________ Result (mm of induration)
Hepatitis B	___________ 1st Dose Date	___________ 2nd Dose Date	___________ 3rd Dose Date	

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Signature of Clinic Doctor/Professional Representative **(REQUIRED)**

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Clinic Name/Address **(REQUIRED)**