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.

The UWL Student Health Center provides full-time students the TB skin test service for approximately $5.00. There are also other fees for winter-term or summer service. 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.)

We also accept TB test results and Hepatitis B immunization records from a doctor's office, clinic, County Health Departments, and the Wisconsin Immunization Registry (www.dhfswir.org). 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)**

04/10/2017