Documentation of Tuberculosis (PPD) Skin Test and Hepatitis B Immunization

The University of Wisconsin-La Crosse (UW-L) Teacher Education program requires students to provide official documentation of a negative Tuberculosis (TB) skin test reading within 90 days of beginning the student teaching placement. An official record of Hepatitis B immunization is also required.

The UW-L Student Health Center provides full-time students the TB skin test service for ~$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, they cost full-time students ~$30 each. (The Student Health Center fee is subject to change.)

We also accept TB test results and Hepatitis B immunization records from a doctor’s office, clinics, the County Health Department, and the Wisconsin Immunization Registry (www.dhfswir.org). TB test information should include date and location (right or left arm) administered, as well as date and induration reading result. 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 or 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 __________________________________________ UW-L Student ID __________________

Address ____________________________

City/State/Zip ____________________________

Phone ____________________________ Semester/Year Student Teaching __________

Hepatitis B

<table>
<thead>
<tr>
<th>First Dose Date</th>
<th>Second Dose Date</th>
<th>Third Dose Date</th>
</tr>
</thead>
</table>

TB Skin Test (PPD)

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Location</th>
<th>Date Read</th>
<th>Read (mm of induration)</th>
</tr>
</thead>
</table>

* Signature of Clinic Doctor/Professional Representative (REQUIRED)

* Clinic Name/Address (REQUIRED)

10/2013

Office of Field Experience, 145 Graff Main Hall, 1725 State Street, La Crosse WI 54601
Phone: (608)785-8126 / Fax: (608)785-8926