

Name: _____
ID #: _____
DOB: _____
Major: _____



Student Health Services
Menomonie, WI 54751
Phone: 715/232-1314
Fax: 715/232-2103

Tuberculin Skin Testing

A current TB test, which has been administered within one year of the beginning of your student teaching placement, must be on file.

Deadlines: **October 15th** for upcoming Spring Semester
February 15th for upcoming Fall Semester

To be completed by healthcare provider	
Date PPD given	_____
Date PPD read	_____
Result	_____ mm in duration; meets health requirements _____ mm in duration: does not meet health requirements _____ chest x-ray result
_____	_____
Medical Provider	Date

SHS - 0309
Orig: 09/07

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