

Student Health Service • Division of Student Affairs

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STUDENT TEACHING CLEARANCE TST

To be filled out by student's primary health provider or provide copies of physician documented immunization records. Office Stamp: Banner ID# Student Name: _____ Date of Birth: A Tuberculosis Skin Test (TST) completed on or after the date indicated on your Student Teaching Health Clearance email is *mandatory* for all Student Teachers. If you have already completed a TST on or after the appropriate date, have your doctor fax us the results. If you did not receive your Student Teaching Clearance email, please call our office and ask us to forward you the information as soon as possible. **PPD** (on or after the date indicated on your Student Teaching Clearance email) Date Given: _____ Date Read: _____ Result: _____ ☐ PPD test given: (Record actual mm of induration, transverse diameter, if no induration, write "0") □ Chest x-ray (required if tuberculin skin test is positive) Result: □ Normal □ Abnormal PLEASE SUBMIT COPY OF WRITTEN CHEST X-RAY REPORT TO STUDENT HEALTH SERVICE.

Provider Name: ______ Signature: _____