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| **Instructions to Health Provider:** | | |  | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  | |  |  |
| The Student named below has applied to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program with OSCTC and needs to submit documentation of fitness for duty and a statement indicating he/she is free from potentially communicable disease(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Student Name |  | |  | |  | |  | | Sex | | | Date of Birth | | |  | | |  | |  | |  | |  | |  |  |
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|  | | | **TUBERCULOSIS (TB) PPD TESTING** | | | | | | | | | | | |  | | |  | |  | | | |  | |  |  |
| |  | | --- | | ***\* Note: Chest X-Ray***  A positive TB result with the two-step Mantoux test necessitates a Chest X-Ray    Chest X-Ray: (Attach a copy of report)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **1st Step ↓** | | | | Good for 1 Year | |  | |  | | |  | | | | |  | |  | |  | |
|  | | | *Read in 48 - 72 Hours* | | | |  | |  | |  | | |  | | | | |  | |  | |  | |
|  |  | |  | | | | Date Applied | |  | |  | | |  | | |  | |  | |  | |  | |
|  | | |  | | | | Site | |  | |  | | |  | | | | |  | |  | |  | |
|  | | |  | | | | Signature | |  | |  | | |  | | | | |  | |  | |  | |
|  |  | |  | | | | Lot # | |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | | | Date Read | |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | | | Signature | |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | | | Results (mm) | |  | |  | | |  | | |  | |  | |  | |  | |
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| **IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE STUDENT IS FREE FROM ACTIVE TUBERCULOSIS DISEASE** | | | | | | | | | | | | | | |  | | |  | |  | |  | |  | |  |  |
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| **PRE-CLASS HEALTH STATEMENT** | | | | | | | | | | | | | | |  | | |  | |  | |  | |  | |  |  |
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| I certify that I am free of any lower back ailments, communicable disease, pregnancy limitations, or any other ailments that could prevent me from performing my duties in a satisfactory manner. | | | | | | | | | | | | | | |  | | |  | |  | |  | |  | |  |  |
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| **Student Signature** |  | |  | |  | |  | | **Date** | | |  | | |  | | |  | |  | |  | |  | |  |  |
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