



Health Information Report

Completed Health Information Report must be received a minimum of 4 weeks prior to your experience.

Name (first, MI, last) _____ Date of birth _____

Attach documented proof of immunization records (Wisconsin Immunization Record [WIR], or Regional Early Childhood Immunization Network [RECIN]) OR have health care provider sign below verifying information. Must provide medical documentation of vaccination or titer OR disease history OR combination for each of the following:

Required Information	2 Immunization Dates		Titer Date	Result*
Measles (Rubeola)				
Mumps				
Rubella				
Varicella (Chicken pox)				
Required Information	3 Immunization Dates		Titer Date	Result*
Hepatitis B				
Required Information	1 Immunization Date			
Tdap (received in May 2005 or later)				
Annual influenza vaccine (current season)				

*If titer results are equivocal, non-reactive/non-immune, re-immunization information must be provided.

Must provide TB status within the last 12 months either by PPD OR IGRA test OR negative chest x-ray.

<p>Option 1 Must provide two PPD (TB skin test) results: - One within the last 12 months - One from the previous year (no more than 12 months prior to the above result) If you have never received this test or it has been more than 12 months since your last test, you will need to have a 2-step PPD.</p>	<p>PPD (TB skin test) Date placed ____ / ____ / ____ Date placed ____ / ____ / ____ Date read ____ / ____ / ____ Date read ____ / ____ / ____ Result _____ mm Result _____ mm</p>
<p>Option 2 If you have received a positive PPD result, you must provide the following: - Positive PPD date and result including mm induration - Copy of chest x-ray including the date of x-ray from within the last 12 months for first-time students - Annual TB questionnaire from within the last 12 months (obtained from your health care provider)</p>	<p>Positive PPD (TB skin test) Date placed ____ / ____ / ____ Date taken ____ / ____ / ____ Date read ____ / ____ / ____ Result _____ Result _____ mm Attach a copy of chest x-ray results and TB questionnaire from within the last 12 months.</p>
<p>Option 3 Results of IGRA test can be submitted in place of the 2-step PPD. This test will require a blood draw.</p>	<p>IGRA TB test Date IGRA TB test taken ____ / ____ / ____ Result _____</p>

Attach documented proof of immunization records (WIR or RECIN) and titers (lab results) OR have health care provider sign below verifying above information.

Health care provider signature _____

PRINT health care provider name _____

Health care provider address/phone _____

Questions, call 1-800-541-2895. Forward the immunization records and titers (and/or additional supporting documentation) by using one of the following routes:

Fax information to 715-847-3811

Email information to studentprograms@marshfieldclinic.org

Mail information to: Central District – Student Programs – 2R6, 1000 North Oak Avenue, Marshfield, WI 54449

East District – Student Programs – WAU, 2727 Plaza Drive, Wausau, WI 54401

North District – Student Programs, P.O. Box 1390, Minocqua, WI 54548

Northwest District – Student Programs, 1700 West Stout Street, Rice Lake, WI 54868

West District – Student Programs, 2116 Craig Road, Eau Claire, WI 54701