

Clearance Scanning

Students enrolled in Spring 2016

Educator Preparation field classes must have current clearances scanned into the administrative system by January 21, 2016 at 4:00 pm (Undergraduate Students)

Clearances do not require rescanning if they are already in the system and dated on or after May 10, 2015

Scanning hour\$ prior to the beginning of Spring 2016 \$emester:

January 11-15, 2016

8:30 am to 4:00 pm

Location: 107 Wayne Hall

Scanning hours during the 1st three days of classes:

January 19, 20, 21

**8:30 am to 4:00 pm (extended until 5:30pm
for graduate students only)**

Location: 107 Wayne Hall

[illegible][illegible]

FBI Fingerprints

CITE: APPLICATION RESPONSE

TOW K061493000000173396 CTEM DOA A 983 3394/02/20
MAY New Supplement
CLASSIFIED OR COVERT 2014/12/16
DOBLIN OH
INVESTIGATOR HAS REVEALED NO PRIOR ARRESTS
DATA. DATE RECEIVED 2014/12/16 FEDERAL BUREAU OF INVESTIGATION

JR COVERT
JTE A
1516 BRADSTOWN AVE
DOBLIN, OH 43017

RAPID0000061612

TB Test

West Chester University
Tuberculosis Skin Test (TST)

Section I: To be filled out by Student

Inches/mm	Sex	
Last Name	First Name	MI
ID#		
Date of Birth		
Phone Number		

Date: Early 6/24/2014 (signature)

*** The Commonwealth of Pennsylvania, "Pennsylvania Code" Title 28, Tuberculin Testing of School Personnel, states that the tuberculin skin test must be administered every 12 months prior to the date the school resumes its term.***

Section II: To be completed by Health Care Professional administering TST (One Instruction)

West Chester University
Student Health Services

Name of Prescribing Service: _____
Address: _____
Date: 6/24/2014 Time: 12:20 P

Tuberculin Screening (PPD)

Date Given: 1/25/14 Time: 10:00 AM
 Manufacturer: GlaxoSmithKline
 Lot #: C-14152-01-01
 Expiration Date: 11/05/14
 Dosing: 0.1 cc Route: ID
 Arm: DL Signature: [Signature]
 Date Read: 1/25/14 Time: 1:15 PM
 Results: MC mm induration
 Signature/Titer: [Signature]

Section III: To be completed by provider if student referred for follow-up. A copy of this completed form is to be retained West Chester University Student Health and Wellness Center, West Chester University, West Chester, PA 19380 (tel: 610-674-1440).

If TST is reactive per CDC criteria by risk group assign per PA Code Title 28, Section 22.04, Tuberculosis Testing for School Personnel (including student teachers and observers):

1. Attach copy of Chest X-ray Report _____
☐ Yes
☐ No

2. Is there a false of infection/Tuberculosis Disease? _____
☐ Yes
☐ No

3. Was the applicant referred for treatment? _____
☐ Yes
☐ Yes if yes: Where, What and What is treatment _____

4. Was BCG given? _____
☐ No

For additional information on clearances and a list of field classes:
http://www.wcupa.edu/_academics/coe/clearances.aspx

Spring 2016