



COLLEGE OF HUMAN DEVELOPMENT,
CULTURE, AND MEDIA

SETON HALL UNIVERSITY

Office of Fieldwork and Certification

Health Clearance & Mantoux Test Result Form

Student Name _____ Clinical Placement _____

Permanent Address _____

Phone Number _____ Date of Birth _____

Mantoux Test Read (Date) _____ Results _____

Comments _____

This is to certify that I have examined _____ (student's name) and find this student to be free from any disease or physical defect which would interfere with being a successful teacher candidate.

Date _____ Name of Physician _____

Physician's Signature _____

Address of Physician _____

*****HEALTH FORMS ARE DUE PRIOR TO THE START OF FIELD PLACEMENT ORIENTATIONS. FAILURE TO SUBMIT THE FORM WILL BAR YOU FROM BEGINNING YOUR FIELD PLACEMENT.***

MANTOUX TEST RESULTS ARE GOOD FOR 6 MONTHS. IF YOU HAVE HAD A TEST PERFORMED IN THE RECENT PAST, IT MUST COVER THE SPAN OF YOUR ENTIRE PLACEMENT. (Example: If your test was performed in May and your fall internship is from September to December, this test will have to be done over again because it expires in November.)