



**Give this form to:**

Margaret Upton -- Health Center,  
or your Family Physician. EMU's  
Health Center will return it to the  
Education Department.

*EDUCATION DEPARTMENT*

**HEALTH RECORD**

Name \_\_\_\_\_ ID# \_\_\_\_\_

**ADMISSION TO TEACHER EDUCATION**

I have reviewed this student's health record and believe that s/he is physically and emotionally qualified for classroom observation and participation.

**Comments on other health supplementary data:**

**PRIOR TO STUDENT TEACHING**

I have reviewed this student's health record and believe that s/he is physically and emotionally qualified for classroom observation and participation.

**Comments on other health supplementary data:**

**Tuberculosis (TB) test:**  
(one of the following)

	Date	Results
<input type="checkbox"/> Screening	_____	_____
<input type="checkbox"/> Mantoux	_____	_____
<input type="checkbox"/> Chest X-ray	_____	_____

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_