



WITCC Clinical Health Evaluation

Name: _____
Last Name (Please Print) First Name Middle Initial

Date of Birth: _____ E-mail: _____ Program of Study: _____

Student Signature: _____ Date: _____

Health Care Provider Complete The Following:

Immunizations: Electronic Proof of Vaccination Record Required.

MMR #1:	MMR #2:		
Measles titre results:	Mumps titre results:	Rubella titre results:	
Tetanus/Diphtheria/Pertusis (Tdap)		Date Given:	
Hepatitis B #1:	#2:	#3:	Hepatitis B *titre results:
Chickenpox #1:	#2:		Chickenpox *titre results:

***Titre results must include numerical value – not just “positive, negative, immune”.**

#1 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____
PPD result (state reaction in mm): _____ Professional Signature: _____

#2 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____
PPD result (state reaction in mm): _____ Professional Signature: _____

Questions:

#1 - Have recommendations for limited physical activity been made? Yes No
If “Yes”, for how long and why? _____

#2 - Do you recommend this individual for full participation in clinical? Yes No
If “No,” please comment: _____

Health Care Provider Name (please print): _____

Health Care Provider Signature: _____ Date: _____

Address: _____ Phone #: _____

Upload WITCC Clinical Health Evaluation to: Castle Branch

Reference student upload instructions for Castle Branch on how to upload Health Evaluation to Castle Branch.

Insert Information here regarding Castle Branch and student uploading and Fees and future access.

Student Information

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

Health Care Provider Complete The Following

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. No other forms will be accepted.

Flu:

- Required to be uploaded during flu season Sept through March

Covid-19: is a recommended upload if vaccine series is completed.

Measles/Mumps/Rubella (MMR) – You will need to provide one of the following:

- two vaccination dates.
- positive titre for measles, positive titre for mumps and a positive titre for rubella.

Tetanus/Diphtheria/Pertusis (Tdap) – A Tdap is current for 10 years.

Chickenpox – You will need to provide one of the following:

- two vaccination dates.
- positive titre.

Hepatitis B (Hep B) – You will need to provide one of the following:

- vaccination dates.
- positive titre.
- signed decline form.

Tuberculosis - You will need to provide one of the following:

- Tuberculosis Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical.
- If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.
- Negative TB QuantiFeron.

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Please have ready personal identifying information needed for security purposes.

The email address you provide will also be your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

