Medical Clearance for Field Placement

Students entering the education program are required to have a medical examination and TB test. If you have not previously fielded this form, please fill out the top and have the rest completed by a physician. Return completed form to Field Placement Office.

Date: ________________________________

Student ID Number: ____________________ Major: ________________________________

Name ____________________________________________ ____________________________
                                                                                      ____________________________
                                                                                      Last                                    First                                    Middle

☐ The above-named student has been examined and found physically satisfactory to work with schoolchildren.

Test for tuberculosis:  ☐ Skin Test  ☐ X-ray

Physician’s signature __________________________________________ Date of appointment ______________________________

Physician’s name/address (please print) __________________________________________
                                                                                      __________________________________________
                                                                                      __________________________________________

Field Placement Rec. Date: ________________________________

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Educational Community Programs  Elementary & Early Childhood Department  Secondary Education & Youth Services
Attn: Keisha Phillips (PH-033F)  Attn: Sonia Rodrigues (PH-054V)  Attn: Teresa Gonzalez (PH-135A)
Office: (718) 997-5237  Office: (718) 997-5651  Office: (718) 997-5546
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65-30 Kissena Blvd. Flushing, NY 11367
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