



## Health clearance

Please read the health clearance information for health care providers before completing this form.

Applies to all students attending a placement on a healthcare programme within Stockholm County Council (Region Stockholm), or services that have an agreement with Stockholm County Council.

This health clearance must be **completed and signed by a licensed physician and presented (printed original copy) at the clinical placement.**

### Student information

First name:

Last name:

Date of birth (month/day/year):

Country of origin:

Phone number:

Email:

University / educational institution in Sweden:

**Check all that apply:**

### Tuberculosis (TB) assessment (required)

Previous TB treatment or LTBI diagnosis? Yes      No

*If yes, a recent negative chest x-ray is required.*

TB exposure\* (origin, trip, family, friends?) Yes      No

*\*If during the past 5 years lived in a high TB burden country (see separate list of countries) for more than 3 months or family member or other close contact with tuberculosis, a recent tuberculin skin test, TST (PPD) or IGRA (QuantiFERON) test is required.*



Does the student have any wounds, eczema, or damaged skin?

yes           no

Comments:

This form was completed by:

Print name of licensed physician:

Street address:

City:

Country & Postal (Zip) code:

Medical stamp:

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Date (month/day/year)

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Signature, physician.