



Occupational Health Services for Gateway Technical College (HPOP)

The Program Director/HPOP Specialist will issue and indicate which tests are required for your field of study. When scheduling an appointment, please indicate which services below are checked.
Student to bring completed form to site at time of visit.

Student Name: _____
 Date of Birth: _____
 S.S.N.: _____
 Program: _____

Program/Course	Physical Exam	Hepatitis A	Hepatitis B	TB Test	MMR
Certified Nursing Assistant					
Medical Assistant					
Community Pharmacy Technician					
Dental Assistant					
Health Information Technology					
Health Unit Coordinator					
Medical Transcription					
Nursing					
Physical Therapy Assistant					
Radiography					
Surgical Technology					
Intro To Global Health Course					

Please bring any necessary medical documentation as proof that you have received tests if you have previously received the required immunization/exam.

Occupational Health Service Locations

Date: _____

_____ is referring _____
Gateway Technical College Representative Name of Person being referred

To:

- Aurora Occupational Health Services - Racine
8400 Washington Ave., Racine, 321-3111
- Aurora Occupational Health Services - Kenosha
10400 75th St., Kenosha, 948-7031
- Aurora Occupational Health Services – Burlington
116 N. Dodge St., Burlington, 767-4300
- Aurora Occupational Health Services - Elkhorn
W3985 County Road NN, Elkhorn, 741-2014
- Wheaton Franciscan Healthcare Occupational Health Services - Racine
3805 Spring St, West Professional Building-B Suite 260, Racine, 687-6150
- Occupational Medical Services - Kenosha
9555 76th Street, Kenosha, (located inside St. Catherine's Emergency Dept.),
577-8150
- Racine Community Health Center - Racine
2405 Northwestern Ave, Racine, WI 53404, 886-0474

for the purpose of receiving a TB test and update of necessary immunizations/exam. It is understood that Gateway Technical College will be invoiced for these services.

Gateway Technical College HPOP Staff contact information:

NAME:	
PHONE:	
EMAIL ADDRESS:	
Staff Signature:	Date: