



## International Student Health Certificate

Name (Last, First) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (check box):  Male  Female  
(Month/Day/Year)

### The following to be filled out by a physician:

#### 1) Measles/MMR Immunization

First Dose: \_\_\_\_\_ Second Dose (if applicable): \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

Date of Disease (if applicable): \_\_\_\_\_ Date of Positive Serologic Test (if applicable): \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

General Remarks on the Student's Health: \_\_\_\_\_

\_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_

\_\_\_\_\_

Signature of physician (required): \_\_\_\_\_ Date: \_\_\_\_\_  
(Month/Day/Year)

#### 2) Hepatitis B (3 shot series) *(If you are 18 years or younger on the first day of classes)*

\_\_\_\_\_  
(month/day/year)

\_\_\_\_\_  
(month/day/year)

\_\_\_\_\_  
(month/day/year)

Name of Clinic/Hospital: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_

\_\_\_\_\_

Signature of physician (required): \_\_\_\_\_ Date: \_\_\_\_\_

#### 3) Tuberculin Examination (Choose one of the following)

\_\_\_\_\_ a. Skin Test Results (cannot be older than 90 days before travel to U.S.):

Positive (Please indicate the size of reaction): \_\_\_\_\_

Negative—Revealed (No abnormalities)

\_\_\_\_\_ b. Quantiferon Tuberculin Screen Test (cannot be older than 90 days before travel to U.S.):

Positive

Negative

*Important: Quantiferon test might be requested at the Student Health Center during the new student orientation for an additional \$55 fee. (Amount subject to change)*

\_\_\_\_\_ c. No Tuberculin Examinations (cannot be older than 90 days before travel to U.S.):

General Remarks on the Student's Health: \_\_\_\_\_

\_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_

\_\_\_\_\_

**Signature of physician** (required): \_\_\_\_\_ **Date:** \_\_\_\_\_

(Month/Day/Year)

*Revised: November 2019*