Print Form

International Student Program
HEALTH EXAMINATION REPORT

7250 Mesa College Drive, San Diego, CA 92111-4998
(619) 388-2717 (619) 388-2960 FAX

Name: _____ _____ _____ _____ Date: _____
(Please print) LAST FIRST MIDDLE MAIDEN

Country of Birth _____ Country of Citizenship _____

Have you had or do you now have any of the following conditions? If yes, give approximate dates:

- ☐ Allergy (severe)
- ☐ Anemia
- ☐ Asthma
- ☐ Blackouts
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Rheumatic Fever
- ☐ Stomach ulcer
- ☐ Epilepsy
- ☐ Hepatitis
- ☐ Malaria
- ☐ Measles (Rubeola)
- ☐ Meningitis
- ☐ Mononucleosis
- ☐ Kidney disease
- ☐ Polio Any Problems now? _____
- ☐ Migraine headaches
- ☐ Rubella (German Measles)
- ☐ Thyroid Problem
- ☐ Tuberculosis
- ☐ Heart problem Restrictions _____
- ☐ Intestinal problems

Any complications/restrictions _____
☐ HIV (Human Immune Deficiency Virus)

Do you take any medication regularly? Yes ◯ No ◯ If yes, give names: _____
Give dates and types of serious operations or injuries: _____
Explain special health problems. _____

MEDICAL CERTIFICATION DATE _____

Current immunizations and tuberculosis clearance with dates specified must be completed and verified before acceptance at San Diego Mesa College.

1. Tetanus (must be within the past nine years): Date: _____
2. Measles, Rubella (must be given after 1970 and after twelve months of age):
   Measles (Rubeola) Date: _____ Rubella Date: _____
3. Polio Date: _____ Diphtheria Date _____
4. BCG inoculations Date: _____

If no BCG, Tuberculosis clearance dated within the past three months of this physical exam:
Mantoux skin test Date: _____ Result _____
(If Mantoux test is positive, chest x-ray is required.)
Chest x-ray Date: _____ Result* _____
*Attach copy of your chest x-ray report. Do not send the x-ray film.

Does student have any condition which would prevent participation in physical education? Yes_____ No _____
If yes, explain: _____
Special Health Problems: _____
_____

I have examined (student's name)_____
and find him/her in good health and able to attend college.
Signature of Physician _____ Date: _____
Name of Physician (please print)_____
Address: _____
Phone Number or Email_____ Physician Stamp or Business Card Here

This form is also available online at: www.sdmesa.edu/international