SAN DIEGO MESA COLLEGE

International Student Program Health Examination Report

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

Name: ______________________ ______________________ ______________________
(PLEASE PRINT) LAST FIRST MIDDLE

Country of Birth: ______________________ Country of Citizenship: ______________________

PART A. ☐ MEDICAL HISTORY: (TO BE COMPLETED BY STUDENT APPLICANT)

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

☐ AIDS/HIV (Human Immune Deficiency Virus)
☐ Allergy (severe)
☐ Anemia
☐ Anxiety
☐ Asthma
☐ Bipolar Disorder
☐ Blackouts
☐ Chicken Pox
☐ Depression
☐ Epilepsy Diabetes
☐ Epilepsy
☐ Heart Problem (restrictions)
☐ Hepatitis
☐ High Blood Pressure
☐ Intestinal Problems
☐ Kidney Disease
☐ Malaria
☐ Measles (rubeola)
☐ Meningitis
☐ Migraine Headaches
☐ Mononucleosis
☐ Polio
☐ Rheumatic Fever
☐ Rubella
☐ Thyroid Problems
☐ Tuberculosis
☐ Stomach Ulcer
☐ Other conditions (including but not limited to learning disabilities): ______________________

Any complications/restrictions due to the above conditions: ☐ NO ☐ YES, explain below:

____

Do you have any conditions that would affect your ability to enroll in a full time course load of study? ☐ NO ☐ YES, please list conditions and limitations:

____

Give date and types of serious operation or injuries: ______________________

I understand that falsification or withholding information on the Health Examination report shall constitute grounds for denial of my application.

➡ **Applicant Signature: ______________________ Date: ______________________**

PART B. ☐ MEDICAL CERTIFICATION: (TO BE COMPLETED BY PRIMARY CARE PROVIDER-PCP)

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

1. Tetanus (**must be within the past nine years**). Date: ______________
2. Measles (rubeola), Mumps, Rubella (**must be given after 1970 and after 12 months of age**).
   Measles (rubeola) Date: ______________ Mumps Date: ______________ Rubella Date: ______________
3. Polio Date: ______________ Diphtheria Date: ______________
4. BCG inoculation Date: ______________
   If no BCG documentation, Tuberculosis clearance, dated within the past three months of the physical exam, complete <u>one</u> of the following:

   QuantiFERON blood test Date: ______________ Result: ______________

   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 conditions which would affect the student's ability to perform in an academic setting? ☐ No ☐ Yes, explain: ______________________

Special Health Problems, including conditions that would limit full-time study:

____

I have examined ______________________ and I find him/her in good health and able to attend college.
STUDENT NAME

Signature of PCP : ______________________ Date: ______________

Name of PCP: ______________________
PLEASE PRINT

Address ______________________

Email: ______________________

Phone Number: ______________________ PCP Stamp or Business Card