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, provide approximate dates:

| | | | | | |
|---|---|---|---|---|---|
| ☐ AIDS/HIV | ☐ Chicken Pox | ☐ Hepatitis | ☐ Meningitis | ☐ Thyroid Problems | ☐ COVID-19 Vaccination Completed (Attach Proof to Application) |
| ☐ Allergy | ☐ Depression | ☐ High Blood Pressure | ☐ Migraine Headaches | ☐ Tuberulosis | |
| ☐ Anemia | ☐ Diabetes | ☐ Intestinal Problems | ☐ Mononucleosis | ☐ Stomach Ulcer | |
| ☐ Asthma | ☐ Epilepsy | ☐ Kidney Disease | ☐ Polio | ☐ Other Conditions (including but not limited to learning disabilities): _____ | |
| ☐ Bipolar Disorder | ☐ Heart Problem (restrictions) | ☐ Malaria | ☐ Rheumatic Fever | | |
| ☐ Blackouts | | ☐ Measles (Rubeola) | ☐ Rubella | | |

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 dates and types of serious operations or injuries: _____

*I understand that falsificaiton or withholding of information on the Health Examination Report shall consitute grounds for denial of my application.*

**Applicant Signature:**_____ **Date:** _____

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

**Current immunizations and tuberculosis clearance with dates specified must be completed and verified by a qualified physician 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: _____
4. BCG Inoculation Date: _____
   If no BCG documentation, Tuberculosis Clearance, dated within the past three months of the physical exam, complete one 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 acadmic setting?

□ NO □ YES, Explain:_____

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

_____

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

Signature of PCP: _____ Date: _____

Name of PCP: _____ (PLEASE PRINT)

Address: _____

E-mail: _____

Phone Number: _____ **PCP Stamp or Business Card →**