

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 |
| ☐ Allergy | ☐ Depression | ☐ High Blood Pressure | ☐ Migraine Headaches | ☐ Tuberculosis |
| ☐ 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 falsification or withholding of 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 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 academic 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 →**

