

Name: _____ Date: _____
(PLEASE PRINT) LAST FIRST MIDDLE

Country of Birth: _____ Country of Citizenship: _____

A. COMPLETED BY STUDENT

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> AIDS/HIV
(Human Immune Deficiency Virus) | <input type="checkbox"/> Depression | <input type="checkbox"/> Malaria | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Allergy (severe) | <input type="checkbox"/> Epilepsy Diabetes | <input type="checkbox"/> Measles (Rebeola) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Stomach Ulcer |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart Problem (restrictions) | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Other conditions (including but not limited to learning disabilities): |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mononucleosis | _____ |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Rubella (German Measles) | |

Any complications/restrictions due to the above conditions: _____

Do you have any conditions that would affect your ability to enroll in a full time course load of study?

Yes: No: If YES, please list names: _____

Give date and types of serious operation or injuries: _____

Explain special health problems: _____

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



Applicant Signature: _____ **Date:** _____

B. MEDICAL CERTIFICATION: (COMPLETED BY MEDICAL PHYSICIAN)

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

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

If no BCG, Tuberculosis clearance dated within the past three months of the 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 conditions which would prevent participation in physical education?

Yes* No *If YES, explain _____

Does student have any conditions which would affect the student's ability to perform in an academic setting?

Yes* No *If YES, explain _____

Special Health Problems: _____

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

STUDENT NAME

Signature of Physician: _____ Date: _____

Name of Physician: _____

PLEASE PRINT

Address _____

Email: _____

Phone Number: _____ Physician Stamp or Business Card

