SAN DIEGO MESA COLLEGE

International Student Program
Health Examination Report
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

Health Examination Report

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 in 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 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: ________________________
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 →**