UMPQUA COMMUNITY COLLEGE
Enrollment Services
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International Student Health Information Statement

Section 1 – To Be Completed by the Student

Provide most recent dates for the following:

	Date:		Date:
Chest X-Ray		Tetanus-Toxoid Shot	
PPD Skin Test		Smallpox Vaccine	
		Diphtheria Toxoid	
		Polio Shot:	
		Which one? (Circle) 1st 2nd 3rd 4th	

Date of most recent **Physical Exam**:_____

Given by:_____Where:_____

Date of most recent **Hearing Test**:_____Type:_____

Results:_____

Complete the questions below based on your current health

	Yes	No		Yes	No
Rheumatic Fever?			Asthma, hay fever, eczema?		
Heart Disease?			Food or drug sensitivity?		
Tuberculosis?			Chronic Nasal Discharge?		
Measles?			Diabetes?		
Dizzy Spells?			Epilepsy?		
Weakness or deformity of bones, joints or muscles?					

Do you have normal vision?			If **no**, explain:
Do you have a health problem at the present time?			Explain:
Have you ever had a serious health problem?			
Have you ever had a mental health problem?			
Are you restricted from participating in full physical activity?			If **no**, explain:
Do you have normal hearing?			If **no**, explain:

Continue to Section 2…

Section 2 – To Be Completed by the Physician

Applicant's name:_____

Deviations from normal in history or physical examination:_____

_____

Urinalysis_____ **CBC**: Red_____White_____Hemoglobin determination_____

Neg. or Pos.

H.I.V. Test_____ Serological test syphilis_____Chest X-ray findings or PPD Skin Test_____
Neg. or Pos. Neg. or Pos.

Dates Immunizations given recently:

BCG._____ Tetanus_____

Polio_____ Measles_____

Diphtheria_____ Other_____

_____ _____M.D.

Date of Examination

Signature of Physician (If other than doctor of medicine, please indicate)

_____