International Student Health Certificate

In order to register for classes at a California State University, all students must have current vaccination against Measles/MMR and provide certification of negative Tuberculin test results. If you are 18 years or younger on the first day of classes of your first semester at CSU Chico, you are required to meet the three-shot Hepatitis B immunization requirement. This form, signed by a physician OR a valid Immunization Record may be used to verify immunizations and test results.

Name (Last, First):___________________________________________________  CSUC ID:________________________________________________________

Date of Birth: _____________________________ Gender (check box): □ Male □ Female

The following is to be filled out by a physician:

1. Measles/Rubella (MMR) Immunization (choose one of the following)
   ___ a. First Dose: Second Dose (if any):
   (Month / Day / Year) (Month / Day / Year)
   ___ b. Date of Positive Measles and Rubella Serologic Test (if applicable):
   (Month/Day/Year)

2. Hepatitis B (3 shot series)
   (If you are 18 years or younger on the first day of classes)
   (Month / Day / Year) (Month / Day / Year) (Month / Day / Year)

   General Remarks on the Student's Health:_____________________________________________________________________

   Name of Clinic/Hospital: ____________________________________________________________________________________

   Address of Clinic/Hospital: __________________________________________________________________________________

   Signature of Physician (required):______________________________________________________________________Date: ______________________ (Month / Day / Year)

3. Tuberculin Examination (choose one of the following)
   ___ a. Skin Test Results (cannot be older than 90 days before travel to U.S.)
      □ Positive (Please indicate the size of reaction):
      □ Negative–Revealed (No abnormalities)
   ___ b. Quantiferon Tuberculin Screen Test (cannot be older than 90 days before travel to U.S.)
      □ Positive
      □ Negative

   Important: Quantiferon test might be requested at the Student Health Center during the new student orientation for an additional fee, approximately $55. (Amount is subject to change).

   General Remarks on the Student's Health:_____________________________________________________________________

   Name of Clinic/Hospital: ____________________________________________

   Address of Clinic/Hospital: __________________________________________________________________________________

   Signature of Physician (required):________________________________________Date: ______________________ (Month / Day / Year)

Revised: November 2013