International Student Health Certificate

This form, or an official immunization record, may be used to verify immunizations and test results that are required for all California State University students. Please submit at new student orientation.

Name (Last, First): ___________________________________________ Student ID: __________________________

Date of Birth: _______________ Gender (check box): ☐ Male ☐ Female ☐ Non-Binary ☐ Refuse to State

(Month / Day / Year)

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)

   (Month / Day / Year)                         (Month / Day / Year)                               (Month / Day / Year)

   If you are 18 years old 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. Even if you turn 19 years of age during your first year of enrollment at the University, you are still responsible for completing the Hepatitis B immunization requirement.

   Name of Clinic/Hospital: ___________________________________________

   Address of Clinic/Hospital: ___________________________________________

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

3. Tuberculin Examination

   Have you received the BCG vaccine for tuberculosis? ☐ YES ☐ NO ☐ NOT SURE

   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 may be requested at the WellCat Health Center during new student orientation for an additional fee. See website for pricing (www.csuchico.edu/healthcenter/services/pricing.shtml).

   Name of Clinic/Hospital: ___________________________________________

   Address of Clinic/Hospital: ___________________________________________

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

Revised: January 2022