



Enrollment Services  
 PO Box 967  
 Roseburg, Oregon 97470  
 541.440.4662 | 541.440.7713  
[Admissions@umpqua.edu](mailto:Admissions@umpqua.edu)

# International Student Health Information Statement

**Section 1 – To Be Completed by the Applicant**

Give dates of most recent: Chest X-ray or PPD Skin test: \_\_\_\_\_ Physical Exam: \_\_\_\_\_

Given by: \_\_\_\_\_ Where \_\_\_\_\_

Approx. date of most recent: Tetanus-Toxoid Shot \_\_\_\_\_ Smallpox Vaccine \_\_\_\_\_

Diphtheria Toxoid \_\_\_\_\_ Polio shot \_\_\_\_\_ Which one? (Circle) 1st 2nd 3rd 4<sup>th</sup>

|  | Yes | No |               |                           | Yes | No |
|--|-----|----|---------------|---------------------------|-----|----|
| Rheumatic Fever  |     |    | If No Explain | 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?                                       |     |    |               |                           |     |    |
| Do you have a health problem at the present time?                |     |    |               |                           |     |    |
| 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? |     |    |               |                           |     |    |
| Do you have normal hearing?                                      |     |    |               |                           |     |    |

Date of last hearing test \_\_\_\_\_ Type \_\_\_\_\_

Results \_\_\_\_\_

Physical Examination is on Page 2  
 This Form is Not Valid and Will Be Returned to You if Both Sections are Not Completed



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# International Student Health Information Statement

**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)

\_\_\_\_\_