HEALTH REQUIREMENTS FOR REGISTRATION CLEARANCE
Professional and Global Education (PaGE) International

Verification of freedom from tuberculosis and of being immunized for measles, rubella, and hepatitis B are required of all new students enrolled in PaGE International Programs. You are required to submit this completed form on or before the first day of the term. Please take this form to your doctor before leaving your country.

Student’s Name ______________________________________________________________________________________________
Print Last Name Print First Name Print Middle Name
CIN: ________  - _______ - ________        Telephone # (_____) ___________________________
Date of Birth: ___________________________    Age: _______ Gender:   Male   Female

Month                Day                  Year

THIS SECTION TO BE COMPLETED BY A MEDICAL PROVIDER IN YOUR COUNTRY OR ATTACH VERIFICATION (MEDICAL RECORDS) TO THIS FORM

IMMUNIZATIONS:
Rubella: (Required of all new international students born after 12-31-1956)
Date Immunization Given #1 ______________________ #2 ______________________
OR
Date of Immunity Test ______________________ Result ________________________

Measles (Rubeola) (Required of all new international students born after 12-31-1956)
Date Immunization Given #1 ______________________ #2 ______________________
OR
Date of Immunity Test ______________________ Result ________________________

Hepatitis B (Required only if student is 18 years of age or younger)
Date Immunization Given #1 ____________ #2 ____________ #3____________
OR
Date of Immunity Test ____________________ Result _________________________

FREEDOM FROM TUBERCULOSIS:
I certify that the above-named patient is free from active tuberculosis as determined by:

Check One:
❑ Negative chest x-ray or QuantiFERON taken within the past year. Date taken: __________________
❑ Negative tuberculosis skin test given within the past year.
  Date given _______________ Date read _______________ Induration _____________mm

Signature of Medical Doctor _______________________________________________
Print Name _________________________ Title _____________ Date _______________

Address .........................................................................................................................

Official Stamp or Seal REQUIRED

To be completed by Cal State LA Student Health Center

❑ Verification approved       ❑ Verification not approved –
  Reason ______________________________________________________________________

Signature ________________________________________________________________________Date _____________________
STUDENT HEALTH CENTER SERVICES

For students who have completed front page:

- Please mail, FAX, or hand carry front page of this form along with any necessary attachments or health records showing proof of TB clearance, immunization, and/or immunity testing. This form and any health records you submit must be signed and dated by a licensed health care provider with the official seal or stamp of the health care provider’s clinic. Please write your name, CIN, and date of birth in all attachments.

Mailing address:
Student Health Center ATTENTION: MEDICAL RECORDS
California State University Los Angeles
Los Angeles, CA 90032-8411
USA

FAX number: (323) 343-6557 Please write your name, CIN, and date of birth in all attachments.

If you wish to submit this form and health records on campus, the SHC is located on the main walkway between the Career Development Center and the Annenberg Science Complex.

A SHC nurse will verify your records. If your records are not acceptable, the SHC will request additional information from you.

For students who need a TB skin test, lab test, or chest x-ray for TB clearance and/or immunizations:

These services are available at the SHC. Please call (323) 343-3302 for an appointment and fee information. Acceptable methods of payment are cash and check. When paying by cash, exact change is preferred.

Students must present proof of payment of registration fees for the current semester they are requesting the services along with a picture identification card.

For additional information call (323) 343-3300 or visit our website
http://www.calstatela.edu/studenthealthcenter