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

Verification of freedom from tuberculosis and of being immunized for measles and 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 quarter. Please take this form to your doctor before leaving your country.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Print Last Name</th>
<th>Print First Name</th>
<th>Print Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIN: <strong>-</strong>-____</td>
<td>Telephone #: ____</td>
<td>Age: ____</td>
<td>Gender: ☐ Male ☐ Female</td>
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<tr>
<td>Date of Birth: Day Month Year</td>
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**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 ___________________________
- OR
- Date of Immunity Test ____________________________
- Result ____________________________

Measles (Rubeola): *(Required of all new international students born after 12-31-1956)*
- Date Immunization Given ___________________________
- 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 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]

**To be completed by Cal State LA Student Health Center**
- ☐ Verification approved
- ☐ Verification not approved – Reason ___________________________

Signature __________________________ Date __________________________

Accredited by Accreditation Association for Ambulatory Health Care, Inc.
TB tests, chest x-rays and immunizations are available at the CSULA Student Health Center. Students must present proof of payment of registration fees along with a picture identification card. Acceptable methods of payment are cash and check. When paying by cash, exact change is preferred.

STUDENT HEALTH CENTER SERVICES

PaGE International Students

TB testing or chest x-ray: Please call 323) 343-3302 for an appointment. Students who are given a TB skin test must return in two or three days to have their skin tests checked by a SHC nurse. Failure to return at the appropriate time for the TB reading will result in a $10 repeat test fee.

Measles/Mumps/Rubella (MMR) immunization: Please call 323) 343-3302 for an appointment. The fee for the vaccine is $60.00.

Hepatitis B immunization: Please call 323) 343-3302 for an appointment. It is a series of 3 injections with a fee of $35 for each injection.

Students who have acceptable proof of a negative TB test or chest x-ray: Hand-carry or fax the Tuberculosis Verification form (over), along with any attachments, to the Student Health Center. FAX (323) 343-6557. A Student Health Center nurse will verify the acceptability of the verification.

The Student Health Center is located just south of the Career Center and East of the Biological Science Bldg. Parking in metered lot C is recommended.

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