

INTERNATIONAL STUDENT CERTIFICATE OF HEALTH

Please complete and return to North Central Michigan College
NORTH CENTRAL MICHIGAN COLLEGE

Petoskey, Michigan 49770, U.S.A.

To be completed by a physician and sent directly to:

North Central Michigan College
V.P. for Enrollment Management
1515 Howard Street
Petoskey, Michigan, 49770

Full Name of Applicant:

First Name Other Names Family Name

Address:

Age: _____ **Nationality:** _____

I. History

(a) Annotate with a mark (X) if applicant has/had any of the following;
(If marked, please annotate date of positive findings):

() Rheumatic Fever () Tuberculosis () Lues
() Malaria () G. C. () Other _____

(b) Give details of any injury, illness, or operation during the past five years:
(Be sure to list all illnesses or injuries.)

Injury/Illness/Operation: _____ **From:** _____ **To** _____

Injury/Illness/Operation: _____ **From:** _____ **To:** _____

Injury/Illness/Operation: From: To

If any of the above were checked, please explain briefly.

Please indicate blood type: _____

(d) Mental Status:

Please indicate if applicant has ever received treatment or counseling for any of the following:

II. Summary

I believe this applicant (**circle one**) **is** **is not** physically able to carry on a full course of study, involving many hours of work in the United States. In my opinion, the applicant's health and physical condition is:

Additional Remarks

Signature of Examining Physician

Date

Please type:

Physician Name

Address	City	Country
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