

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
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Address:

Number and Street	City	Country
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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 of injuries.)

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

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

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

(c) Annotate with a mark (X) **only** if any of the following apply to this applicant:

☐ Diabetes

☐ Heart Condition

☐ Epilepsy

☐ Hypertension

☐ Blood Disorder

☐ Lung Disease

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:

☐ Emotional Disturbances

☐ Nervous Disorders

☐ Mental Illness

☐ Behavioral Disorders

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:

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Additional Remarks

Signature of Examining Physician

Date

Please type:

Physician Name

Address

City

Country

International Area Code & Telephone Number: _____