# 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 the International Student Advisor, North Central Michigan College, 1515 Howard Street, Petoskey, Michigan, 49770 U.S.A.

**Full Name of Applicant:**

______________________________________________________________

First Name Other Names Family Name

**Address:**

______________________________________________________________

Number and Street City Country

**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