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:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Other Names</th>
<th>Family Name</th>
</tr>
</thead>
</table>

Address:

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>Country</th>
</tr>
</thead>
</table>

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 _______________

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