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

Office of the Registrar

1515 Howard Street

Petoskey, Michigan, 49770

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: _____