

# International Students Application

Foothill College, Silicon Valley in California  
www.international.fhda.edu

## Health Statement

### Legal Name \_\_\_\_\_

*As it appears on your passport*

*(Family/Sur/Last)*

*(Given/First)*

*(Middle)*

Date of Birth (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ USA Telephone (\_\_\_\_) \_\_\_\_\_

United States Address (Number and Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

***Prior to the beginning of school, the bottom portion must be completed and returned to the International Student Office.***

1. Previous Tuberculin Skin Test/TST (TST-Mantoux) Skin test:

(Must be tested within 60 days of start date at Foothill College)

Date of TST given: \_\_\_\_\_

Date of TST read: \_\_\_\_\_

Result of TST:

Mm induration \_\_\_\_\_

Impression:      Negative      Positive

*\*Surveillance/Symptoms review attached*

2. Exact date of chest x-ray: \_\_\_\_\_

(Must have chest x-ray within 90 days of start at Foothill College)

Results of chest x-ray:      Positive      Negative     \* SEE ATTACHED

3. Mumps, Rubella, and Measles(MMR) immunization and/or titres is required. (Must have official documentation)

a. Rubella/Measles/Mumps/titres:      Immunity      No Immunity     \* SEE ATTACHED

b. Exact date that Measles/Mumps/Rubella(MMR) vaccine was administered:

MMR #1 \_\_\_\_\_ MMR #2 \_\_\_\_\_

\_\_\_\_\_  
Physician's / Clinician's Signature

\_\_\_\_\_  
Physician's / Clinician's Name - Please Print

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip Code

Please Affix Official Seal/Stamp