

International Student 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. Tuberculin Skin Test/TST (TST-Mantoux) Skin test:

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

Date of TST given: _____

Date TST read: _____

Result of TST:

Negative _____ (millimeter induration)

Positive _____ (millimeter induration)

Symptoms Review/Surveillance Positive Negative (see attached)

2. Exact date of chest x-ray: _____

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

Results of chest x-ray: Positive Negative

3. Mumps, Rubella, and Measles immunization and/or titres is required.

(Must have official documentation)

a. Rubella/Measles/Mumps/titres: Immunity No Immunity

b. Exact date that Measles/Mumps/Rubella vaccine was administered: _____

Physician's/Clinician's Signature

Physician's Name - Please Print

Street Address

Date

City

Telephone Number

Country

Zip Code

If mailing, return to:

Foothill College
International Student Office
12345 El Monte Road
Los Altos Hills, CA 94022

Please Affix Official Seal/Stamp