



Department of Clinical Sciences
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MEDICAL FITNESS CERTIFICATE

I, DR. _____, AM EXAMINING THE CANDIDATE LISTED BELOW FOR ADMISSION INTO A MEDICAL SCHOOL. I DO HEREBY CERTIFY THAT THE ABOVE STUDENT IS IN GOOD HEALTH AND IS NOT SUFFERING FROM ANY COMMUNICABLE DISEASES. I ALSO CERTIFY THAT I DO NOT SEE ANY PHYSICAL OR MENTAL IMPEDIMENT IN THIS CANDIDATE, WHICH WOULD PRECLUDE SUCCESSFUL COMPLETION OF HIS/HER MEDICAL EDUCATION.

REQUIRED FOR BASIC SCIENCE STUDENTS

General Health: Good Fair Poor

Date of Examination: _____ Physician's Name: _____

Address: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Physicians Signature: _____

STUDENT INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

DOB: _____ SS# _____
MM/DD/YYYY

Primary Phone #: (_____) _____ Please indicate: Home Cell Work

Secondary Phone #: (_____) _____ Please indicate: Home Cell Work

IMMUNIZATION HISTORY (DT/Td within 10 years date)

MEASLES (2 doses at least one month apart, after 12 months age)

Date #1: _____ Date #2: _____

MUMPS (1 dose) Date: _____

or proof of immunity (mumps titre) Date & Results _____

RUBELLA (German Measles, 1 dose) Date: _____

or proof of immunity (rubella titre) Date & Results _____

CHICKENPOX

History of having had chickenpox (Please check one): Yes No

***PPD** (Mantoux)

Date & Results: _____

**(must be within one year and updated annually) Chest x-ray is required if tested positive.*

Positive PPD Test Dates: _____

BCG Vaccine & Chest X-ray (Non-US) _____

HIV

Test Date & Results: _____
(must be current within 60 days of matriculation)

REQUIRED PRIOR TO CLINICAL PROGRAM

For those individuals having direct patient contact or any possibility of contact with blood of body fluids, Hepatitis series or declination is required

Hepatitis B Vaccine

Dates #1: _____ Dates #2: _____ Dates #3: _____

REQUIRED PRIOR TO CLINICAL PROGRAM continuation

HBSAB following series--Date & Results: _____

Declination signed and on file Date: _____

Physician Initials

Date