



English Language Program (ELP) MEDICAL REQUIREMENTS

All new ELP students are required to submit this completed form on the **first day of the quarter**. Please take this form to your doctor before leaving your country.

Student's Name _____
Last Name First Name Middle Name

Date of Birth _____ Age _____ Male Female ELP # 974 - -
Day Month Year FOR USE BY ELP OFFICE ONLY

To Be Completed by a Medical Doctor in your country:

IMMUNIZATIONS:

Rubella Date Immunization Given _____
Or
Date of Immunity Test _____ Result _____

Measles (Rubeola) Date Immunization Given _____
Or
Date of Immunity Test _____ Result _____

FREEDOM FROM TUBERCULOSIS:

I certify that the above-named patient is free from active tuberculosis as determined by:

Check One:

- Negative chest x-ray taken within the past year. Date taken: _____
- Negative tuberculosis skin test given within the past year. Date given: _____

Signature of Medical Doctor _____

Print Name _____ Title _____ Date _____

Address _____

Bring this form with you on the registration day to the ELP Office.



MEDICAL REQUIREMENTS

For English Language Program (ELP)

The following medical procedures are required of all new ELP students. **The Medical Requirements form must be completed by a medical doctor in your country.** Then you must bring this form to us on the Registration Day.

If you complete this form at our university, you will have to pay \$25 dollars for the immunizations.

- 1. Rubella Immunization**
- 2. Rubeola (measles) Immunization**
- 3. Tuberculosis Skin Test or Chest X-ray Report**

See Reverse Side

for

Medical Requirements Form

Revised 5-11-07