



**California State University, Los Angeles
Student Health Center**

5151 State University Drive, Los Angeles, CA 90032-8411
Information (323) 343-3301 Appointments (323) 343-3302 FAX: (323) 343-6557

**HEALTH REQUIREMENTS FOR REGISTRATION CLEARANCE
Professional and Global Education (PaGE) International**

Verification of freedom from tuberculosis and of being immunized for measles and rubella and hepatitis B are required of all new students enrolled in PaGE International Programs. You are required to submit this completed form on or before the **first day of the quarter**. *Please take this form to your doctor before leaving your country.*

Student's Name _____
Print Last Name Print First Name Print Middle Name

CIN: _____ - _____ - _____ Telephone # (____) _____

Date of Birth: _____ Age: _____ Gender: Male Female
Day Month Year

**THIS SECTION TO BE COMPLETED BY A MEDICAL PROVIDER IN YOUR COUNTRY OR ATTACH
VERIFICATION (MEDICAL RECORDS) TO THIS FORM**

IMMUNIZATIONS:

Rubella: **(Required of all new international students born after 12-31-1956)**
Date Immunization Given _____
OR
Date of Immunity Test _____ Result _____

Measles (Rubeola) **(Required of all new international students born after 12-31-1956)**
Date Immunization Given _____
OR
Date of Immunity Test _____ Result _____

Hepatitis B **(Required only if student is 18 years of age or younger)**
Date Immunization Given #1 _____ #2 _____ #3 _____
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 _____ Date read _____ Induration _____ mm

Signature of Medical Doctor _____

Print Name _____ Title _____ Date _____

Address _____



To be completed by Cal State LA Student Health Center

- Verification approved
- Verification not approved –
Reason _____

Signature _____ Date _____



TB tests, chest x-rays and immunizations are available at the CSULA Student Health Center. Students must present proof of payment of registration fees along with a picture identification card. Acceptable methods of payment are cash and check. When paying by cash, exact change is preferred.

STUDENT HEALTH CENTER SERVICES

PaGE International Students

TB testing or chest x-ray: Please call (323) 343-3302 for an appointment. Students who are given a TB skin test must return in two or three days to have their skin tests checked by a SHC nurse. Failure to return at the appropriate time for the TB reading will result in a \$10 repeat test fee.

Measles/Mumps/Rubella (MMR) immunization: Please call (323) 343-3302 for an appointment. The fee for the vaccine is \$25.00.

Hepatitis B immunization: Please call (323) 343-3302 for an appointment. It is a series of 3 injections with a fee of \$15 for each injection.

Students who have acceptable proof of a negative TB test or chest x-ray: Hand-carry or fax the *Tuberculosis Verification* form (over), along with any attachments, to the Student Health Center. FAX (323) 343-6557. A Student Health Center nurse will verify the acceptability of the verification.

The Student Health Center is located just south of the Career Center and East of the Biological Science Bldg. Parking in metered lot C is recommended.

For additional information call (323) 343-3300 or visit our website
http://www.calstatela.edu/univ/hlth_ctr/