



International Students

Immunization History Form – Must be completed and signed by your physician (please print)

Name of Student: _____

Birth date: _____ Birth place(country): _____

Home Address(home country): _____

A note to the examining physician: West Valley College is interested in the health and welfare of all of its students and we would like to be aware of any problems our international student population might have. Do you feel that this student has any physical, mental or medical conditions that the College needs to be aware of? **If so, please describe (example: diabetes, asthma etc.):**

Immunizations Records: (include dates)

a) Measles/Mumps/Rubella #1. _____ #2. _____ or Blood Titre: _____ (req. for admission**)

b) Tuberculosis (PPD/Mantoux – must be within 60 days of application) _____ Results:

Negative _____ Positive: _____ mm induration: _____ (req. for admission**)

NOTE: If positive – 10mm, chest x- ray required. Attach physician interpreted results only of chest xray. **DO NOT send chest x- ray.** Has student taken or been prescribed Isoniazid (INH) to prevent or treat tuberculosis? Please provide dates taken: From: _____ To: _____

c) Tetanus/Diphtheria Immunization (within the last 10 years): _____

d) Hepatitis B immunity by:

Hepatitis B vaccine #1. _____ #2. _____ #3. _____ Blood Titre: _____

e) Other Immunizations? Please List: _____

Please Note: Many of the above immunizations are required by UC (University of California) and CSU (California State University) for transferring students. Immunizations may be started in the home country and completed in the US - Some are required for admission** to WVC.

Signed: _____ Medical Registration Number: _____

Print Name: _____ Date: _____

Address: _____ Stamp/Seal: _____

These records and will go to the Health Center. Please return in separate envelope to:
International Student Office, West Valley College, 14000 Fruitvale Ave., Saratoga, CA 95070, USA