cal poly, san luis obispo

Certificate of Health

student's name _____ _____ date of birth ____/____/____
family or surname first name

country of birth _____ country of citizenship _____

mailing ad dress _____

_____

1. to be completed (in english) and signed by student before visiting the physician (answer *yes* or *no*).

a. have you, to the best of your knowledge, ever had any of the following:

_____cholera	_____hernia	_____veneral disease	_____gall bladder	_____stomach disorder
_____smallpox	_____sinusitis	_____mental disorder	_____abnormal blood	_____arthritis
_____diabetes	_____hay fever	_____disease of	pressure	_____sciatica
_____typhoid	_____asthma	nervous system	_____heart disease	_____rheumatism
_____paralysis	_____goiter	_____rheumatic fever	or disorder	_____rectal disease or
_____pneumonia	_____cancer	_____eye disease	_____back or spine	disorder
_____appendicitis	_____malaria or any	_____ear disease	disorder/disease	_____intestinal disorder
_____tuberculosis	type of fever	_____prostate disease	_____kidneys or genito-urinary systems disease	

if you have answered **yes** to any of the above, give nature, date, period of disability/illness, and result.

_____
_____
_____

b. when and for what injury or sickness have you been under observation or had medical or surgical advice or treatment or been hospital-confined during the past five years.

_____
_____

c. to the best of your knowledge and belief, are you now in good health and free from physical impairment or deformity? (If not, give full particulars below.)

_____
_____

_____ _____
signature of applicant date

2. to be completed (in english) and signed by physician.

a. physical examination (insert *height* and *weight*, check abnormalties, and describe in detail under "remarks").

height_____	nose_____	pharynx_____	reflexes_____
weight_____	eyes_____	neck_____	heart_____
head_____	ears_____	hernia_____	abdomen_____

b. comment in full on condition of applicant's lungs:_____

c. do you believe that the applicant is physically able to carry on a full course of study, involving long hours of work in a college or university? ☐ **yes** ☐ **no**

d. in my opinion, the applicant's health and physical condition are:
☐ **excellent** ☐ **good** ☐ **fair** ☐ **poor**

the applicant presents no evidence of communicable diseases or of overfatigue and has no physical defect unless stated below.

remarks:

signature of physician_____date_____

address_____license no_____

the applicant is responsible for obtaining and following current instructions concerning vaccination and inoculation requirements for entry into the united states.

please send to:
admissions office
california polytechnic state university
san luis obispo, ca 93407