

Certificate of Health

I. Student Information

Name			
Gender		Nationality	
Date of Birth (MM/DD/YYYY)		Age on the 1 st day of class at KU	
Home Institution			
Term of enrollment at KU (i.e. spring 2016)			

II. Required Immunizations (for each type of immunization, one of the three categories, either ①, ②, or ③, MUST be filled out)

Type of Immunization	① Vaccination Record		② Date of Disease (MM/DD/YYYY)	③ Date of Positive Lab Evidence ²
	Date of 1 st Shot (MM/DD/YYYY)	Date of 2 nd Shot (MM/DD/YYYY)		
MMR ¹			Not Applicable	Not Applicable
OR separately	Measles			
	Mumps			
	Rubella			
Varicella (Chicken Pox)				

1. MMR is a combined vaccine against Measles, Mumps, and Rubella.

2. ONLY the result for lab test of immunity which is done within 3 months from the time of application for Student Exchange Program is acceptable.

III. Tuberculosis Screening

TB Skin Test by PPD (Mantoux)	Date Placed ^{3,4}	Date Read	MM	☐ Negative ☐ Positive
OR Chest X-ray (if positive PPD)	Date ^{3,4}	Result	* copy of chest X-ray report REQUIRED	

3. ONLY the result of TB Skin Test or chest X-ray which is placed and read from the time of application for Student Exchange Program is acceptable.

4. Students planning to apply for the on-campus accommodation must take the TB Skin Test or chest X-ray before the official moving-in dates
*(The result should be placed no earlier than 1st January for Spring semester/ 1st July for Fall semester).

IV. Test Provider Information (MUST be filled in by a physician or a person who provided the tests above at a medical office)

Medical Office Official Stamp Authorized Signature Date (MM/DD/YYYY)		
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