



HEALTH STATEMENT FOR INTERNATIONAL VISITING MEDICAL STUDENTS

**All date information must be formatted in the following order: Month/Day/Year **

Name: _____ **Date of last physical examination:** _____

General Statement on Health: _____

1. Tuberculin Test: Note: if previously negative, PPD must be repeated within **1 year** prior to START DATE of the rotation. Test should be P.P.D. 0.0001mg. Mantoux technique

Date: _____ Results: _____

Negative tuberculin test- No chest x-ray required. Positive tuberculin test- Chest x-ray required.

Date of X-ray: _____ Results: _____

2. Varicella titer done: Date: _____ Results: _____

3. Rubella titer done: Date: _____ Results: _____

(If negative, rubella vaccine must be given, unless contraindicated on medical grounds) Rubella vaccine administered unless contraindicated Date: _____ Results: _____

4. Measles titer done: Date: _____ Results: _____

If negative, measles vaccine must be administered in two doses at least 30 days apart:

1) Dose #1 Date: _____ 2) Dose #2 Date: _____

5. Mumps: Date: _____ Results: _____

(If negative, mumps vaccine must be given, unless contraindicated on medical grounds)

Rubella vaccine administered unless contraindicated:

Date: _____ Results: _____

6. Hepatitis B titer done: Date: _____ Results: _____

Hepatitis B vaccine administered: Dose #1: _____ Dose #2: _____ Dose #3: _____

Or I decline to take Hepatitis B Vaccine: _____

Applicant's Signature

Signature of Physician: _____ Date: _____

Name: _____ Title: _____ License #: _____

Address: _____

7. Meningococcal Meningitis: Date: _____

Or I decline to take the Meningococcal Meningitis Vaccine: _____

Applicant's Signature

Please complete and return to:

int.med@fiu.edu

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