WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

Guest Student Health Form

This form must be completed and signed by a Physician and returned with your Visiting Student Application for Elective Courses. **Your application will NOT be processed unless this form is complete.**

MEASLES (Rubeola)

1. Disease confirmed by Physician's records? ( ) Dates of illness_____

2. Immunity confirmed by blood titer? ( ) Date of Test_____

3. Immunization with live attenuated virus? ( ) Date_____
(Given after 1969 on or after student's first birthday)

MEASLES (Rubella)

1. Immunity confirmed by blood titer? ( ) Date of Test_____

2. Immunization with live attenuated virus? ( ) Date_____

TUBERCULIN TEST

1. Negative TB Test with last year ( ) Date of Test_____

2. Chest X-Ray if skin test was positive or history of BCG vaccine or INH therapy. ( ) Date of Test_____

HEPATITIS B

Series of three doses required
( ) Date of Shot One_____
( ) Date of Shot Two_____
( ) Date of Shot Three_____

VARICELLA (Chicken Pops) ( ) Date of Test _____

Name of Student_____

_____
Physician's Signature verifying immunizations

_____
Typed name of physician

_____
Office address

_____
Date of Signature

Please return this form to: Mrs. Kaaym Gudger or Mrs. JaEsta Jones, Records & Registration Office, Wayne State University School of Medicine, 320 East Canfield, Suite 318, Detroit, MI 48201