

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE  
**Visiting Student Health Form**

This form must be completed and signed by a Physician and returned with your Visiting Student Application for Elective Clerkship. 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\_\_\_\_\_

Name of Student\_\_\_\_\_

Physician's Signature verifying immunizations

Typed name of physician

Office address

Date of Signature

Please return this form to: Ms. JaEsta Jones, Records & Registration Office, Wayne State University  
School of Medicine, 540 East Canfield, Detroit, MI 48201