



International Student Health Statement

THIS FORM MUST BE COMPLETED PRIOR TO THE BEGINNING OF THE SEMESTER

CONFIDENTIALITY NOTICE				
This information is strictly for the use of the Student Health Center and will not be released to anyone without your knowledge and written consent.				
Name (Family Name)		(Given Name)		Date of Birth
				Student I.D. #
Home Country Address			Local Phone #	
			()	
City	Province	Country	Postal Code	Student Cell Phone #
				()
Emergency Contact (Name)		(Relationship)		(Phone #)
PART 1. TUBERCULOSIS SCREENING				
TB Test: Those who have lived in the following countries for at least five years do not require a TB test: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, US Virgin Islands, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.				
If you have lived, volunteered, or worked in countries other than those listed above you will need to receive a T-Spot blood test in the Edgewood College Health Center within 2 weeks of the start of the semester. Please call to set up an appointment at (608) 663-8334 or schedule online at http://health.edgewood.edu .				
	METHOD	RESULT	DATE	
TB TEST RESULTS				
PART 2. MEASLES, MUMPS, AND RUBELLA VACCINE				
If you are unable to provide documentation of two MMR vaccines, you will need to provide copies of lab titer report demonstrating rubella immunity. This can be done in the Edgewood Health Center upon arrival.				
DOSE 2 DATE	DOSE 1 DATE	TITER RESULT	DATE	
PART 3. ATTESTATION				
The information provided above is true and complete to the best of my knowledge.				
_____		_____		
Student signature		Date		
PART 4. HEALTH PROVIDER SIGNATURE				
To the best of my knowledge, this person has received the above immunization and/or has provided official rubella immune status.				
_____		_____		
Physician or Advanced Practice Provider signature		Date		

Please return completed form to:
 EDGEWOOD COLLEGE Health Services 1000 Edgewood College Drive Predolin 208 Madison, WI 53711
 Fax: (608) 663-3394