

**Texas State University  
College of Health Professions  
Health Certificate**

As a participant in the CHP clinical education, you are to complete this Health Certificate and an Immunizations and Tests Form. Make an appointment with your healthcare provider to document:

- All immunizations are completed including date of booster.

Note: See Immunizations and Tests Form - Clinical sites may require additional immunizations and/or tests.

- Verification that you are in good physical health and free from diseases listed on the Immunizations and Tests Form.

**Student Information**

**Name:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Street City State Zip

**Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Blood Pressure:** \_\_\_\_\_

I have examined \_\_\_\_\_ and find this student to be in good physical health.

I also find the named student is free from the diseases listed on the Addendum A form.

**Restrictions:** (i.e. latex or other allergies) No Yes (Circle Answer)

**Explain:** \_\_\_\_\_

**Healthcare Provider Information:**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Please return this completed Health Certificate and the Immunizations & Tests Form  
to: Medical Laboratory Science Program

**Completed Health Forms should be received by July 31<sup>st</sup>.**