**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 31st.**