

# Acupuncture & Integrative Medicine College, Berkeley

## Health Form

### Contact Information

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Address While Attending School (if different) \_\_\_\_\_

Phone While Attending School (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

### Please respond to the following questions

- Do you have any health conditions that you think we should be aware of or that we may need to make accommodations for?**  
 No  
 Yes: \_\_\_\_\_
- All students admitted to AIMC Berkeley need to be tested for tuberculosis (TB) within the past year. Please check the appropriate box below and attach supporting documentation:**  
 Negative PPD results within the past year  
 Positive PPD results, but negative results from follow-up x-ray evaluation
- AIMC Berkeley recommends that all students get immunized for Hepatitis B. Immunization is not required; however, affirmation of immunization or a waiver is required for all student interns practicing in the college clinic(s). Please check the following and, if necessary, attach supporting documentation:**  
 Hepatitis B immunization is **current**  
 Hepatitis B immunization is **in process**  
 I do not wish to be immunized at this time, and choose instead to **initial the following statement:**

#### **Hepatitis B Vaccination Declination Statement**

By initialing below, I affirm the following: I understand that due to my potential exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Nonetheless, I choose to decline HBV vaccination at this time, and understand that by so doing that I continue to be at risk for acquiring HBV, a serious illness. I also understand that I may later choose to become immunized.

Initial: \_\_\_\_\_

#### **All applicants must sign below:**

*I certify that all information provided in this form is, to the best of my knowledge, correct and complete. I understand that I may be required to furnish documented proof of information given.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

