

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:

1. 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: _____

2. Hepatitis B immunization is not required for admission, but documentation of immunization or a signed waiver is required for all AIMC Berkeley student interns. Please check one of the following and, if applicable, 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: _____

3. TB test results are required as part of the admissions process. Can you provide now? Yes: ___ No: ___
If no, please furnish the admissions department with your TB test results from your health provider/clinic no later than 30 days after the first day of your admittance to classes.

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 documentation of information submitted above.

Signature

Date