

Addendum C
Texas State University
College of Health Professions
Health Certificate
For Optional Use

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.

Completed Health Certificate and Immunizations and Tests Form must be received by _____.

Student: _____
Last First MI

Address: _____
Street City State Zip

Telephone: () _____ Date of Birth: / /

Blood Pressure: _____

I have examined: _____
(Student)

and find this student to be in good physical health. I also find the above named student is free from the diseases listed on the Immunizations and Tests Form.

Restrictions or Limitations (i.e. latex allergy*) No Yes, Explain: _____

Date: _____ Telephone: () _____

Healthcare Provider Signature: _____

Printed Name: _____

Healthcare Provider's Address: _____
Street City State Zip

Please return this completed Health Certificate and the Immunizations and Tests Form to:

xxprogram/department/schoolxx

Completed Health Certificate and Immunizations and Tests Form must be received by the _____.