

**Addendum D**  
**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

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