



**EDGEWOOD COLLEGE**

Wellness Center

HEALTH SERVICES

**INTERNATIONAL STUDENT HEALTH STATEMENT**

**CONFIDENTIALITY NOTICE**

This information is strictly for the use of the Student Health Center and will not be released to anyone without your knowledge and written consent.

Last Name (Family name)		First Name (Given name)		Date of Birth	Student I.D. #
Home Country Address				Local Phone # (       )	
City	Province	Country	Postal Code	Student Cell Phone # (       )	
Emergency Contact (Name)		(Relationship)		(Phone #)	

**PART 1. STUDENT VERIFICATION**

By signing below, I am affirming that I have read the enclosed information regarding hepatitis B and meningitis. I am also certifying that the information on this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**PART 2. TUBERCULOSIS SCREENING (TO BE COMPLETED AFTER ARRIVAL ON CAMPUS)**

TB Test: Those who have lived in the following countries for at least five years do not require a TB test: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, US Virgin Islands, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

If you have lived, volunteered, or worked in countries other than those listed above you will need to receive a T-Spot blood test within 2 weeks of the start of the semester. Please call Edgewood Health Services at (608) 663-8334.

	METHOD	RESULT	DATE
TB TEST RESULTS			

**PART 3. HEALTH CARE PROVIDER VERIFICATION**

\_\_\_\_\_  
**Health Care Provider Signature**

\_\_\_\_\_  
**Date**