Ventura College International Student Office

Health Certificate

To the student:			
Do you have any hea limitation, or any other physica program of studies, including	al or mental h	•	ent you from carrying a full
	Yes	No	
If you answer "yes" to forward a complete physical e Ventura, CA. 93003.	-	ou will be required to have port to Ventura College. 4	
	Stud	dent Signature	
Please have the statement professional nurse, or healt "The applicant, checked. Through Tuberculing"	h agency rep	oresentative:	,was
•		and presented no evid	ence of communicable
Signature			
Title			
Address			
Applicant statement: I certify knowledge:	that the abov	ve information is true and	correct to the best of my

Signature of Applicant