

**POLK STATE COLLEGE
INTERNATIONAL STUDENT HEALTH CERTIFICATION**

INSTRUCTIONS: Answer all items. Use a typewriter or print in ink.

Student's Name _____

Physician's Name _____

Physician's Address _____

PHYSICIAN CERTIFICATION

I have examined the above named student and have found him/her to be free of any communicable diseases. He/she has no physical or mental handicaps that would prevent him/her from full-time enrollment at Polk State College without any special assistance from the college.

Physician's Signature _____ Date _____

AFFIRMATION OF THE STUDENT

(You must sign this affirmation in the presence of a notary public or U.S. Embassy or consular officer.)

I swear that the above mentioned physician's certification is true and correct to the best of my knowledge.

Student's Signature _____ Date _____

NOTARY SEAL

Subscribed and affirmed before me this _____ day of _____, 20_____

at _____.

Notary's Signature _____ My commission expires on _____

INSTRUCTIONS

You must sign this Health Certification form in your full, true and correct name and affirm it under oath. You must affirm this statement in the presence of a notary public, U.S. Embassy official, U.S. consular officer or U.S. Immigration officer.

Failure to execute this form completely may result in a delay or a denial of the student's Certificate of Eligibility (SEVIS Form I-20), which is necessary to apply for the F-1 student visa.