



North Idaho College International Student Application for Admissions

1000 West Garden Avenue | Coeur d'Alene, Idaho 83815 | internationaladmit@nic.edu | (208) 769-5980

CERTIFICATE OF HEALTH (required if living in the residence hall)

Student Name _____ Phone _____
Last Name First Name Middle Name

Address _____
Street City State Mail Code Country

E-mail Address _____ Date of Birth ___/___/___

Required for All					
Vaccine	Date	Date	Date	Date	
Measles 12-15 months and 4-6 years					
Mumps 12-15 months and 4-6 years					
Rubella 12-15 months and 4-6 years					
Polio	Must include one of the three primary series schedules listed below				
1. Polio-OPV Oral Sabin 3 doses	Date	Date	Date		
2. Polio-IPV Injected 4 doses	Date	Date	Date	Date	
3. Polio IPV/OPV Sequential 4 doses	Date	Date	Date	Date	
Tuberculosis Skin Test	Date:	Result:	If positive: Chest X-Ray	Date:	Result:
Additional Requirement for Residence Hall Living or Participating Athletes					
Hepatitis B 3 doses	Date	Date	Date		
Hepatitis B surface antibody	Date	Result			
Recommended					
Meningococcal Meningitis	Date				
Tetanus-Diphtheria 4 doses	Date	Date	Date	Date	Date of Booster

HEALTH CARE PROVIDER VERIFICATION STATEMENT: I certify that I have medically examined the above-named person. I have found him/her to have no physical or psychological condition which interferes with his/her taking a full course of study at North Idaho College. I have verified his/her immunization record and/or given the needed vaccines.

Name _____ Signature _____

Address _____

Phone _____ Date _____