



International Admissions - Physical Examination

Dear Medical Professional:

The individual providing this form has applied for admission to Lake Tahoe Community College in the US, as an international student. One of the admission requirements is a physical examination to determine whether the potential student is in good health. The applicant is expected to pay any necessary fees to the medical facility for this exam.

Please provide your evaluation below.

Name of Applicant/Patient: _____

Applicant's Date of Birth: _____

Date of Exam: _____

Based on your evaluation, is the applicant in good health? Yes No

Is the applicant properly vaccinated? Yes No

To your knowledge, is the applicant free of any infectious and contagious diseases? Yes No

Is the applicant free from any pathology incompatible with group life? Yes No

Are there any special instructions regarding the health of this individual?

Signature of Physician or Public Health Officer

Date

Name and Address of Physician or Facility

The applicant may return the completed form to:

Lake Tahoe Community College
International Student Office
One College Drive
South Lake Tahoe, CA, 96150

Tel: (530) 541-4660 ext. 755
Fax: (530) 541-2598
Email: mksternal@mail.ltcc.edu