



# Northern Marianas College Health Evaluation Form

Submit completed form to the Office of Admissions & Records **before**  
registration.  
Rev. 6.24.2016

P.O. Box 501250 • Saipan, MP 96950  
As Terlaje Campus, Bldg. N  
Phone: 670-237-6769 or 6770 or 6771  
Email: [oar@marianas.edu](mailto:oar@marianas.edu)

Please print or type when completing this form. **Do not use a pencil.**

## Part 1: To be completed by the student

_____	_____	_____		
LAST NAME	FIRST NAME	M.I.		
_____	_____	_____	_____	_____
MAILING ADDRESS	APT#	CITY	STATE	ZIP
_____	_____	_____	_____	_____
DATE OF BIRTH (MM/DD/YYYY)	DAY PHONE	EMAIL ADDRESS		



Northern Marianas College requires all admission applicants to submit a completed Health Evaluation Form. This requirement is intended to lower rates of vaccine-preventable diseases among individual students and outbreaks within the campus community.

## Part 2: Immunization History. To be completed by a Health Care Provider. Signature and stamp required.

Month/Day/Year

**MMR (Measles, Mumps, Rubella)** If given instead of individual immunization

Date of **1st** vaccine (12 months after birth or later, AND on or after January 1, 1972) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of **2nd** vaccine (15 months after birth or later, AND at least 28 days after 1<sup>st</sup> vaccine) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

or attach copy of Positive lab results for MMR titers

**Tdap (Tetanus, diphtheria, cellular pertussis)**

Date of one dose of vaccine given within the past ten (10) years. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Hepatitis B**

Date of **1st** dose of vaccine \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of **2nd** dose of vaccine (at least one month after after the first dose) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of **3rd** dose of vaccine (at least two months after after the second dose and four months after the first dose) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Part 3: Tuberculosis TB Screening. To be completed by a Health Care Provider. Signature and stamp required.** NMC requires all applicants to undergo TB screening prior to matriculation. All ongoing students are required to complete TB screening annually and must do so prior to the start of the fall term. All students who report a prior history of TB skin test positive must undergo a symptom survey and attestation form annually. If a student is found to have active TB, that student must agree to treatment and subsequently cleared by a health care provider prior to returning to NMC. All applicants with a prior history of BCG vaccination must obtain a chest x-ray and be cleared by a health care provider to matriculate.

	Month/Day/Year	Results
Date of TB skin test	_____ / _____ / _____	Positive or Negative
Chest X-Ray (required if TB skin test is positive)	_____ / _____ / _____	Latent or Active

Include official stamp (In English)

\_\_\_\_\_  
Signature of Health Care Provider                      Date