FRESNO STATE
Kremen School of Education and Human Development

Medical Clearance Form*

Last Name _____ First Name _____ Former Name *(If applicable)* _____ Student ID _____

Certification by Director of Student Health Services or Private Physician

This is to certify that the applicant has been tested for active tuberculosis within the last year and the results were negative. *(EC44336 – This student is "free from any contagious and communicable disease or defect unfitting the applicant to instruct or associate with children.")*

Health Center Director or Private Physician's Signature _____ Date _____

Office Address (If private Physician) _____

**This form must be signed by Director of Student Health Services or private physician. No other type of form can be accepted.*