CSU Maritime Academy Readmission Health Statement Please return this form to the Student Health Center

Additional Information needed:___



Student Name	
Date of Birth	Last Term Attended
Date of Birth Phone Number	MajorLicense track Y / N
Address	Left school for medical reasons Y / N
this form to request health cleara submit minimal additional health	Cal Maritime after absence of a calendar year or less may submit ince prior to readmission. Most students will need only this form or to information to be cleared. If absent for more than one calendar year new student Admission Health Packet.
	's health status may limit participation in some campus programs or the US Coast Guard (as applicable to specific majors).
Please check off the statements	that apply to your situation:
,	f my knowledge, my health and physical condition has not changed bsence from the California Maritime Academy, that I am in good
admitted to Cal Maritime.	y health during my period of absence from the campus or since being ent Health Center regarding submitting additional information)
medical withdrawal.	n to Cal Maritime after leaving school for health reasons or taking a ent Health Center regarding submitting additional information).
	nally during my absence from Cal Maritime. may be required for extended travel to certain areas, please contact er).
l attest that all of the above info	ormation is accurate.
Student Signature	Date
	Student Health Center CSU Maritime Academy 200 Maritime Academy Drive Vallejo, CA 94590 Phone: 707-654-1170 Fax: 707-654-1171
For office use only: Reviewed: Y / N Reviewer's in:	itials: Cleared for readmission: Y / N Provider Initials: