

Cal Poly Maritime Academy  
Readmission Health Statement  
**Please return this form to the Student Health Center**



**CAL POLY**  
**Health Services**  
MARITIME ACADEMY

Student Name \_\_\_\_\_ ID # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Last Term Attended \_\_\_\_\_  
Phone Number \_\_\_\_\_ Major \_\_\_\_\_ License track Y / N  
Address \_\_\_\_\_ Left school for medical reasons Y / N

Student seeking readmission to Cal Poly Maritime after absence of a calendar year or less may submit this form to request health clearance prior to readmission. Most students will need only this form or to submit minimal additional health information to be cleared. **If absent for more than one calendar year student must submit a completed new student Admission Health Packet.**

Unreported changes in a student's health status may limit participation in some campus programs or limit the ability to be licensed by the US Coast Guard (as applicable to specific majors).

Please check off the statements that apply to your situation:

- ☐ I certify that to the best of my knowledge, my health and physical condition has not changed during the period of my absence from the Cal Poly Maritime Academy, that I am in good health.
- ☐ I have had changes to my health during my period of absence from the campus or since being admitted to Cal Poly Maritime Academy.  
(Please contact the Student Health Center regarding submitting additional information)
- ☐ I am seeking readmission to Cal Poly Maritime after leaving school for health reasons or taking a medical withdrawal.  
(Please contact the Student Health Center regarding submitting additional information).
- ☐ I have traveled internationally during my absence from Cal Poly Maritime.  
(Tuberculosis screening may be required for extended travel to certain areas, please contact the Student Health Center).

**I attest that all of the above information is accurate.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Health Center  
Cal Poly 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 initials: \_\_\_\_\_ Cleared for readmission: Y / N Provider Initials: \_\_\_\_\_

Additional Information needed: \_\_\_\_\_