

CSU Maritime Academy
Readmission Health Statement

Please return this form to the Student Health Center



Student Name _____
Date of Birth _____
Phone Number _____
Address _____

ID # _____
Last Term Attended _____
Major _____ License track Y / N
Left school for medical reasons Y / N

Student seeking readmission to Cal Maritime after absence of a calendar year or less may submit this form to request health clearance

