

New as of 2009: You must show proof of a negative test for tuberculosis. Send copy of TB test and/or chest x-ray results with this health form.

Kilgore College International Students Medical Record (required of all students)



PART 1: TO THE STUDENT: You are to fill out Part I of this form and have your physician fill out Part II. You should ask him to mail the form directly to Brenda Thornhill, Kilgore College, 1100 Broadway, Kilgore, Texas 75662-3204.

Name: _____ Address: _____
Last First MI City Country

Parent or Guardian: _____ Address: _____
City Country

1. Name any disease which has occurred in your family such as tuberculosis, nervous or mental disorders, diabetes, cancer, heart trouble, etc.
2. Has your general health always been good? If not, give details. _____
Do you have convulsions? _____
3. Are you disabled in any way: If so, give details. _____
4. Name any medications which you take regularly. _____
5. Additional Information: _____

Signed: _____
Applicant

(Physical examinations recommended for every student entering Kilgore College.)

PART II: HEALTH DATA (To be completed by family Physician.)

Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____

CLINICAL EVALUATION

1. Head, Face, Neck & Scalp	Normal () Abnormal ()	11. Blood Pressure	Normal () Abnormal ()
2. Nose	Normal () Abnormal ()	12. Abdomen	Normal () Abnormal ()
3. Mouth and Throat	Normal () Abnormal ()	13. Anus	Normal () Abnormal ()
4. Ears - Drums	Normal () Abnormal ()	14. G.U. System	Normal () Abnormal ()
5. Hearing	Normal () Abnormal ()	15. Extremities	Normal () Abnormal ()
6. Eyes - General	Normal () Abnormal ()	16. Spine	Normal () Abnormal ()
7. Vision	Normal () Abnormal ()	17. Skin and Lymphatics	Normal () Abnormal ()
8. Lungs and Chest	Normal () Abnormal ()	18. Neurological	Normal () Abnormal ()
9. Breasts	Normal () Abnormal ()	19. Psychiatric	Normal () Abnormal ()
10. Cardio Vascular System	Normal () Abnormal ()	20. Other _____	

Describe each abnormality. _____

VACCINATIONS SUGGESTED:

POLIO - at least three doses of oral vaccine provided one or more doses have been received since the fourth birthday. If 19 or over, oral polio vaccine not required.

VACCINATION DATES: _____

DIPHTHERIA - at least three doses with last dose within five years.

VACCINATION DATES: _____

TETANUS - at least three doses with last dose within five years.

VACCINATION DATES: _____

TYPHOID. VACCINATION DATES: _____

MEASLES. VACCINATION DATES: _____

RUBELLA. VACCINATION DATES: _____

Date: _____ M.D.