



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

PART 1: Students complete Part 1 and have your Physician complete Part 2

Name: _____
Last First MI

Address: _____
City Country

Parent or Guardian: _____

Parent Address: _____
City Country

1. Name any disease which has occurred in your family such as TB, nervous or mental disorders, diabetes, cancer, heart trouble, etc.

2. Has your general health always been good? If not, give details. _____

3. Do you have any kind of disability? if yes, please explain: _____

4. Name any medications which you take regularly: _____

5. Please list any additional information: _____

Signed: _____
Applicant

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

PART 2: HEALTH DATA (To be completed by Family Physician)

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

Overall Health of Student: _____

Concerns or Abnormalities: _____

Required Vaccinations: (Can be filled by Physician or can attach separate shot records)

Measles Vaccination Dates: _____

Rubella Vaccination Dates: _____

Bacterial Meningitis Vaccination Dates: _____

Please attach a copy of a negative test of Tuberculosis and/or chest X-ray results

Date: _____ M.D. stamp/ signature