

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.

Northeast Texas Community 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 them to mail the form directly to Jessica Dorantes, Associate Director of Student Services, PO Box 1307, Mount Pleasant, TX 75456-1307.

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

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.

(Revised 9/2009)