

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

Part I: To the student: You must fill out Part I of this form (please print) and have your physician fill out Part II. You should ask him/her to mail the form directly to Stacy Gee, Panola College; 1109 W Panola St; Carthage, TX 75662-3204

Name:				Address:		
	Last	First	MI			
				City		Country
Parent or						
Guardian:_				_Address:		
				City		Country
1. Ha	as your general	health always bee	en good? If	not, give details		
2. Na	me any medica	tions which you to	ake regularl	у		
3. Ac	dditional inforn	nation:				
	Applicant Si	gnature				
	,	e completed by fa		cian)	_ Sex:	Age:
Vaccinatio	ons Suggested:					
fourth birtl Vaccinatio	hday. If 19 yea on dates:	ars of age or over,	oral polio v	accine not required		en received since th
	n dates:		ose within i	ive years.		
		oses with last dose	within five	e vears		
Гурhoid:	Vaccination da	tes:				
Measles: `	Vaccination da	tes:				
Data:						MD