

Peru State College
International Student Medical Records Form

IMPORTANT NOTICE: This completed health record must be on file at the PSC Admission's Office before acceptance to PSC. By not complying with this policy, your class registration will be affected. This health history will be part of your confidential medical record and cannot be released without your knowledge and written consent.

General Information

Name _____ Date of Birth ____/____/____
Last First Middle Maiden

Semester Entering: ___ Fall ___ Spring Year Entering: _____

SS # ____ - ____ - ____ Sex ___ M ___ F Marital Status ___ M ___ S ___ W ___ D

Home Address _____ Telephone (____) ____ - ____
Street/P.O. Box City Country

Person to notify in case of emergency:

Name _____

Family Physician _____

Address _____

Address _____

Telephone (____) ____ - ____

Telephone (____) ____ - ____

Insurance Information

Insurance Company _____ Policy Number _____

Immunization History

In order to complete your enrollment at PSC, all new students must provide proof of immunizations for 2 MMR (Measles/Mumps/Rubella), Diphtheria, Tetanus, and a Tuberculin Skin Test (within one year prior to attendance) prior to registration. **DO NOT SEND ORIGINAL IMMUNIZATION RECORDS, SCHOOL RECORDS, CLINIC RECORDS, BABY BOOK RECORDS OR MILITARY RECORDS.** Proof can be in the form of photocopies of immunization records.

Two doses of MMR (Measles/Mumps/Rubella) vaccine are required. This does not apply if you were born before 1957. Both of these immunizations must have been given after your first birthday and after 1969. If you were born before 1957, please show proof of tetanus.

