



TBC Student Health Certificate

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Student Information

Name: _____ Date: _____
Last First Middle

Date of Birth: _____ Age: _____ Cell Phone: _____

Physical Examination

(The Remaining Portion **MUST** Be Completed by a Physician or Medical Provider)

Student Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

1. Is the student presently under treatment for any medical condition(s)? Yes No

If yes, explain: _____

2. Please list all prescribed or over-the-counter medication(s):

3. Is this student capable of normal physical exercise or athletic activity? Yes No

If no, explain: _____

4. Is the patient receiving treatment for any of the following condition(s)?

If yes, please indicate medication, dosage and frequency:

Hypertension Yes No _____

Diabetes Type I Yes No _____

Diabetes Type II Yes No _____

Sickle Cell Disease Yes No _____

Clotting Disorders Yes No _____

Asthma Yes No _____

Cancer/Leukemia Yes No _____

Depression Yes No _____

Bipolar Disorder Yes No _____

5. Please list all allergies to food and/or medication(s):

6. Has the patient received the Bacterial Meningitis Vaccine within the last 5 years? Yes No

Disclaimer: Texas Education Code, Section 51.9192, Subchapter Z, establishes the requirement for bacterial meningitis vaccination for certain students and identifies exceptions to that requirement. Texas Bible College is exempt from having to require this vaccine from our students. However, the College does not discourage students from receiving the vaccine as a precautionary measure, especially for those residing in on-campus housing. Should the student choose to receive the vaccination, please complete the information below.

Name of Administering/Verifying Physician or Healthcare Professional:

Type of Vaccination: MCV4 MPSV4 Other: _____

Date meningitis vaccination was administered: _____

Tuberculosis (TB) Screening Questionnaire

- 1. Has the student ever had a positive TB skin test? Yes No
- 2. Has the student ever had close contact with anyone who was sick with TB? Yes No
- 3. Has the student been an employee or volunteer in a high-risk setting? Yes No
(i.e. correctional facility, nursing home, homeless shelter, hospital)
- 4. Has the student recently traveled to a country where exposure was high? Yes No

If YES to any of the above questions, Texas Bible College requires a Tuberculin Skin Test (TST)

Date Given: _____ Lot # _____ Administered by: _____

Date Read: _____ Result: Positive Negative Read by: _____

Healthcare Provider Information

Printed Name of Health Care Provider Signature of Health Care Provider

Address: Street _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

****Students are encouraged to maintain a copy of their immunization records for transfer to another college or future use****