



101 College Heights
Cisco, Texas 76437

CERTIFICATE OF HEALTH

CONTACT: International Admissions
PHONE: (254) 442-5131
FAX: (254) 442-1449
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Student Information

First Name	Middle Name	Family Name/Last Name	Maiden/Previous Name
Social Security No.		Date of Birth (MM/DD/YYYY)	
Applying for admission	<input type="checkbox"/> Spring (year)	<input type="checkbox"/> Summer (year)	<input type="checkbox"/> Fall (year)

Health Care Provider

Health Care Provider's Name		
Address		Phone Number
City	State	ZIP

This is to confirm that the aforementioned was seen and examined by me, and that I found him/her to be in good health. He/she appears to be free from communicable disease, and from any physical defect, organic or mental ailment or after effects thereof likely in my opinion to impair his/her mental and physical activity. To the best of my knowledge he/she has not suffered epilepsy, mental or nervous or any other debilitating condition.

His/her immunization record confirms that he/she has received Diphtheria and Tetanus within the last 10 years, Measles/Mumps/Rubella and Poliomyelitis (types I, II, III), and Bacterial Meningitis within the last 5 years. **Immunization records with dates must be submitted with this certificate of health.**

The Tuberculosis test was done _____ (MM/DD/YYYY), and the results are _____.

Physician's Signature

Date