

UALR Student Medical Information Form

Family Name *Given Name*

Male _____ Female _____ Date of Birth: _____ / _____ / _____
Month *Day* *Year*

Country of Birth *Citizenship*

Mailing Address n Home Country

Do you need accommodation for a disability? If so, explain.

IMMUNIZATIONS required by Arkansas State Law:

(1) Measles (Rubeola) _____ / _____ / _____
Month *Day* *Year*

(2) German Measles (Rubella) _____ / _____ / _____
Month *Day* *Year*

Proof of Freedom from Tuberculosis: Students will provide documentation of a PPD (Mantoux) skin test for tuberculosis performed in the United States or Canada. this TB skin test must be current (within one month of attendance of UALR). If the skin test is (was) 10 mm induration or greater, a chest X-ray is required.

Name of Doctor completing this form

Address

Date