

TROY UNIVERSITY
Student Health Services
Troy, Alabama 36082
Phone (334) 670-3452
Fax (334) 670-3853

STUDENT MEDICAL HISTORY RECORD
(Confidential)

AUG 11 2016

OFFICE USE ONLY	
Comp.	8-11-16
Temp.	
HLD	
Inc.	

This record must be filed with Student Health Services prior to registration.

Name: Fan Gao Gao Tuo SSID No. 1804151
Last First Middle
Permanent Home Address: West Renmin Road Yulin Shaanxi 719000
Street City State Zip
Date of Birth: 7.8.1998 Sex: Male Phone: 13239123918 Cell Phone: 18591230117
Person to be notified in an emergency: _____ Name _____

Relationship _____ Telephone Number (Home) _____ (Work) _____

All students should carry Health Insurance. Please attach copy of front & back of insurance card.

Please give D.O.B for individual on insurance card: _____

Insurance Company _____ Name on card _____
Contract/Policy # _____ Group # _____

Personal Physician: Name _____ Address _____ Telephone Number _____

Troy University requires all students born after 1956 to submit official documentation of two (2) measles (rubeo-
la) vaccinations.

REQUIRED VACCINATIONS: A copy of an official document may be attached.

Measles: #1 06/24/2000 Date _____ Official Signature or Stamp _____ Circle One
Measles: #2 04/14/2001 Date _____ ME MR MMR
ME MR MMR

Troy University requires all students entering the University to submit official documentation of TB skin testing within
12 months.

Tuberculin Skin Test Date given 07/05/2016 Date read 07/08/2016 Results _____ MM

Chest X-ray and treatment must be _____
Chest X-ray Date 07/05/2016 Results NO abnormal findings of
Recommended Treatment heart lungs and trachea
Official Signature or Stamp _____

Recommended but NOT required vaccinations.
Tetanus D: 10/18/2004 Meningitis _____
Hep A _____

Hep B _____
Hep A _____ (over)