

Pearl River Community College  
Health Information Record

The person named below is an applicant for the **Barbering Program** at Pearl River Community College.

In order to enroll in this program, the lab work and tests are required. This form must be completed by a physician.

(Please print or type)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LAB WORK AND TESTS:**

	Date	Results
>>T.B. SKIN TEST:	_____	_____
>>DRUG SCREEN:	Drugs of abuse: <b>10 Panel Drug Screen**</b>	

**\*\*The drug screen report should be sent from the health facility to Mr. Tyrone Mclaurin, Instructor of Barbering Program, Pearl River Community College, P.O. Box 5067, 101 Highway 11 North, Poplarville, MS 39470.**

(Please print or type)

Certifying Medical Authority  
Name: \_\_\_\_\_

Health Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Certifying Medical Authority Signature

\_\_\_\_\_  
Today's Date

**This completed form should be sent to Mr. Tyrone Mclaurin, Instructor of Barbering Program, Pearl River Community College P.O. Box 5067, 101 Highway 11 North, Poplarville, MS 39470.**

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