

**Pearl River Community College
Health Information Form**

The person named below is an applicant for the Cosmetology Program at Pearl River Community College. In order to enroll in this program, the lab work and test are required. **The physician must complete AND MAIL this form.** For any questions, please call Michelle Patterson at (601) 403-1245 or (601) 403-1247.

(Please print or type)

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

LAB WORK AND TEST:

Date:

Result:

>>T.B. SKIN TEST: _____

>>DRUG SCREEN: drug of abuse: 10 Panel Drug Screen***

***The drug screen report should be sent BY PHYSICIAN'S OFFICE to:*

**Att. Michelle Patterson
Pearl River Community College
Cosmetology Department
101 Hwy 11 North
Poparville, 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 the address listed above. Pearl River Community College offers equal education and employment opportunities. We do not discriminate on the bases of race, religion, color, sex, national origin, veteran status, or disability. Any person needing to request special accommodations, assistance, or alternate format of this event, please contact the ADA Coordinator's at 601-403-1060.