



Student Health Information

Welcome to Luther College! The Office of Student Engagement is here to support you during your college experience. Maintaining health is a key ingredient to your experience at Luther. To support our students, the college offers the following:

- [WMC Luther Clinic](#) - Partnership with Winneshiek Medical Center (WMC) for students
- [Counseling Service](#) – provides mental health service and support
- [Case Management](#) – coordinate efforts of all student life areas for support
- [Wellness Programming](#) – wellness education initiatives, research and programs

In preparation of health care support, Luther College requires all students complete this student health evaluation form, immunization record and entrance physical examination (athletes only) as part of their admission process. All information on these pages is considered confidential and protected information. It has no effect on your admission status; however, failure to submit will result in a registration hold for subsequent semesters/terms.

REQUIRED HEALTH INFORMATION | DUE AUGUST 1

Student Health Evaluation Form

To be completed by the student. Please be sure you have signed all consent sections. Electronic signatures will not be accepted.

Immunization Record

Students are required to provide immunization records. Students can submit their health clinic's immunization record or use the immunization record provided. If the student is unable to complete vaccinations before campus arrival, they are available at the Luther student health clinic. The cost of the vaccine will be billed directly to the student.

CONSIDERATIONS FOR CAMPUS LIVING

Before you move on campus

- Plan to complete required and recommended **immunizations** before moving to campus.
 - The Meningitis B vaccine is also strongly recommended for all college students. Please discuss meningitis vaccination with your health care provider.
- Make a **dental appointment** to have your teeth cleaned, etc.
- If you are currently under the care of a physician, discuss **continued care with the Luther student health clinic**.
- Know your **family health history**; you will need this information when/if you seek medical care.
- Discuss with your parent/family how you will **share information regarding health care** needs, treatment and billing. *Information about students who are 18 or over cannot be shared with parents without written consent of the student. Keep in mind that medical bills/statements will be in the student's name; including those from the Luther student health clinic.*

Items to have on campus

- **Health Care Kit** (first aid supplies, tweezers, OTC pain medications, cough drops, etc.)
- Copy of your current **health insurance card**. This information will be needed should you require health care or to obtain prescribed medication at a local pharmacy.
- Copies of your **prescriptions** (medications, eye glasses/contacts)
- Copies of submitted Luther health forms

Please submit completed forms prior to August 1 using Norse Hub at norsehub.luther.edu.
For instructions, go to luther.edu/helpdesk/software/norsehub

Questions about the Student Health Evaluation Form and Immunization Record may be directed to the Office of Student Engagement; 563-387-1020 or students@luther.edu



Student Health Evaluation Form

Luther College **requires** all students complete this health evaluation form as part of their admission process. All information on these pages is considered confidential and protected information and has no effect on your admission status.

Please submit this completed form prior to August 1 using Norse Hub at norsehub.luther.edu. For instructions, go to luther.edu/helpdesk/software/norsehub

STUDENT INFORMATION

Student Name (last, first, middle)			
Email Address			
Home Mailing Address			
Luther ID Number		Gender (<i>optional</i>)	
Student Cell Phone		Birthdate	

EMERGENCY CONTACT INFORMATION

Name and Relationship	
Email Address	
Mobile Telephone	
Home Telephone	
Work Telephone	

MEDICAL ALERT CONDITIONS

I have this "Med-Alert" condition	
Ongoing chronic illness(es)	
List medication allergies	
List other allergies	

CONFIDENTIAL SHARING AGREEMENT AND CONSENT FOR TREATMENT

The college assures that medical information will be regarded as confidential and shared only as necessary for the student's immediate safety. The Office of Student Engagement will not release medical information to parents unless the student signs a separate release of information specific to each illness/incident.

If a serious illness or accident should occur, and there is concern for the student's safety, every effort will be made to contact parents or guardian. However, in the event that delay in medical or surgical treatment may be detrimental to the health of the student, authorization for consultation and treatment by area physicians is requested. Luther College recognizes the importance of cooperating with the student's family physician, clinic, or hospital in providing health care while the student is enrolled in college. In order to secure or exchange health information, it is necessary to have the permission of the student or parent/guardian if the student is under 18. On occasion, information regarding physical or mental health status of a student may be shared with the student engagement or counseling staff if there is a concern for the student's immediate safety or the safety of others. No information will be provided to faculty or work study supervisors without specific consent of the student.

Due to new federal regulations regarding confidentiality, additional consents regarding health information will need to be signed at the time the student is seen in the WMC Luther Clinic.

Permission is hereby granted to share health information with my family physician, clinic, hospital, office of student engagement, or counseling service staff if there is a concern for my immediate safety or the safety of others.

Student Signature

Date

Signature of parent/guardian (if student is under age 18)

Date

Student Name (last, first, middle)

Luther ID#

Today's Date

STUDENT MEDICAL HISTORY

Please answer all questions; circle Y (Yes) or N (No). Please comment on all "Yes" answers on page 4.

Have you had:	Yes/No	Have you had:	Yes/No	Have you had:	Yes/No
Anemia	Y or N	Fainting/Dizziness with exercise	Y or N	Infectious Mononucleosis	Y or N
Anxiety	Y or N	Gallbladder Disease	Y or N	Kidney Disease	Y or N
Asthma	Y or N	Gastrointestinal Disease	Y or N	Knocked Out/LOC	Y or N
Back Problems	Y or N	Genetic Disorder	Y or N	Menstrual Irregularity	Y or N
Bleeding/Clotting Disorder	Y or N	Head Injury/Concussion*	Y or N	Positive COVID 19 or diagnosis	Y or N
Cancer	Y or N	* How Many?		Rheumatic Fever	Y or N
Chest pain with exercise	Y or N	Headache, Migraine	Y or N	Seasonal Allergies	Y or N
Chronic Fatigue	Y or N	Heart Disease	Y or N	Seizure Disorder	Y or N
Depression	Y or N	Heart Murmur	Y or N	Sexually Transmitted Disease	Y or N
Diabetes	Y or N	Heat Exhaustion/Heat Stroke	Y or N	Sickle Cell Disease/Trait	Y or N
Disease or Injury of Joints	Y or N	Hepatitis	Y or N	Surgery	Y or N
Ear, Nose, Throat Disease	Y or N	Hernia	Y or N	Tuberculosis	Y or N
Eating Disorder	Y or N	High Blood Pressure	Y or N	Urinary Tract Infection	Y or N
Eye Disease	Y or N	HIV/AIDS	Y or N	List any other condition or illness on page 4	

SCREENING QUESTIONS

Please answer the following questions; comment on answers on page 4:

	Yes/No
Do you use alcohol and/or other drugs?	Y or N
Do you use tobacco? (cigs, e-cigs, smokeless, vaping)	Y or N
Do you use performance enhancement supplements?	Y or N
Do you have physical or learning limitations?	Y or N
Are you now receiving or have you ever received treatment or counseling for mental health illness or substance abuse?	Y or N
Have you had any illness or injury or been hospitalized other than already noted (<i>explain on page 4</i>)	Y or N
Are you taking any medications regularly? (<i>please list on page 4 or submit a prescription list with this form</i>)	Y or N
Do you currently engage in regular exercise?	Y or N
Do you consider your weight to be in a healthy range?	Y or N
Have you traveled outside your native country in the past 12 months? If so, where? (<i>explain on page 4</i>)	Y or N

FAMILY HISTORY

Family Member	Age	State of Health	Occupation	Age at Death	Cause of Death
<i>Father</i>					
<i>Mother</i>					
<i>Sibling</i>					
<i>Sibling</i>					
<i>Sibling</i>					

Family History continued**Have any of your relatives (parent/grandparent/sibling) have/had?**

Health Condition	Yes/No	Relationship
Cancer	Y or N	
High Blood Pressure	Y or N	
Sickle Cell Disease/Trait	Y or N	
Tuberculosis	Y or N	
Diabetes	Y or N	
Kidney Disease	Y or N	
Heart Disease	Y or N	
Asthma/Seasonal Allergies	Y or N	
Seizure Disorder	Y or N	
Mental Health Disorder	Y or N	
Substance Abuse	Y or N	

TUBERCULOSIS SCREENING

In compliance with the American College Health Association's guidelines, Luther College requires TB screening and potential TB testing for all students that are identified as high risk.

Please answer the following questions;

	Yes/No
Have you ever had close contact with persons known or suspected to have active TB disease?	Y or N
Were you foreign-born from, or have traveled to an endemic region (Africa, Asia, Russia, Eastern Europe, Central or South America).	Y or N
Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease?	Y or N
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?	Y or N
Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?	Y or N
Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?	Y or N

If the answer to all of the above questions is NO, no further testing or further action is required.

If the answer is YES to any of the above questions, please visit <https://www.luther.edu/health-service/forms/> to access the **TB Risk Assessment Form**. Luther College recommends that you schedule a visit with a health care provider to discuss TB testing and for completion of the TB Risk Assessment Form. This visit can be scheduled with your primary care provider at your home clinic or with a provider at the WMC Luther Clinic when you arrive to campus.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

IMMUNIZATION RECORD

NOTICE: The remainder of this Student Health Evaluation Form requires an appointment with your health care provider. If your health care provider does not have a complete immunization record and you attended school in the United States, you can obtain the records from your school. *A complete record of immunizations may be submitted in lieu of this form.*

TO THE HEALTH CARE PROVIDER: Measles, Mumps, and Rubella – Two doses required for all students born after December 31, 1956 with dose #1 given at age 12 months or later and dose #2 given at least 28 days after first dose. Lab titers can be done for Rubeola if immunity is questioned.

MMR Measles, Mumps, Rubella	month/day/year	TD or Tdap <i>within 10 years</i>	month/day/year
Dose #1		Dose #1	
Dose #2		Dose #2	
POLIO <i>primary series dates</i>	month/day/year	Which received? <i>please circle</i>	TD or TDAP
Dose #1		DTP <i>primary series dates</i>	month/day/year
Dose #2		Dose #1	
Dose #3		Dose #2	
Dose #4		Dose #3	
Dose #5		Dose #4	
Meningitis Vaccine	month/day/year	Dose #5	
Dose #1			
Dose #2			

Immunization Exemption

Luther College will only consider exemptions after consultation with the student, their medical provider and our Medical Director. The student must also complete and include an immunization waiver form: <https://www.luther.edu/health-service/forms/> if unable to meet required immunizations due to medical contraindications.

RECOMMENDED IMMUNIZATIONS

Type/Dose	month/day/year	Site	Manufacturer	Lot#	Initials	Comments
Hepatitis B – 1						
* 2						
3						
Hepatitis A – 1						
2						
Varicella ** – 1						
2						
* Hep B: Indicate if twinrix. ** Chicken Pox: Indicate history of or two doses of Varicella vaccine.						
Influenza – 1						
2						
3						
4						

Student Name (last, first, middle)

Luther ID#

Today's Date

Recommended Immunizations Continued

Type/Dose	month/day/year	Site	Manufacturer	Lot#	Initials	Comments
HPV – 1						
2						
3						
Typhoid – 1						
2						
Men B – 1						
2						
COVID 19 – 1						
2						
<i>Booster</i> 3						

Tuberculin Skin Test

TB test is NOT required before entering college.

Date Given		Date Read	
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Interpretation based on mm of induration as well as risk factors:

Induration	mm	Results		Positive		Negative
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Chest x-ray if interpretation is positive

Date of x-ray		Results		Normal		Abnormal
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Student of Health Care Provider

Date

Health Care Provider Address and Telephone

Please submit this completed student health evaluation form prior to August 1 using Norse Hub

at norsehub.luther.edu. For instructions, go to luther.edu/helpdesk/software/norsehub

If unable to submit through Norse Hub, please deliver by mail, email or fax to:

Office of Student Engagement, 700 College Drive, Decorah, IA 52101 | students@luther.edu | Fax: 563-387-2993

All enrolled students of Luther College are required to have this Student Health Evaluation Form and Immunization Record on file in the Office of Student Engagement. Failure to submit will result in a registration hold for subsequent semesters.

Questions about this form may be directed to the Office of Student Engagement; 563-387-1020 or students@luther.edu