



## Student Health Information for International Students

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:

- [Luther Clinic](#) - Partnership with Winneshiek Medical Center (WinnMed) for students
- [Counseling Service](#) – provides mental health service and support

### REQUIRED HEALTH INFORMATION | DUE AUGUST 1

#### Student Health Record Form

To be completed and signed by the student. *If the student is under age 18, the parent or guardian must also sign.* Electronic signatures will not be accepted. All submitted health records must be in English.

#### Immunization Record

Students are required to provide immunization records (or [waiver for immunization exemption](#)). Students can submit their health care provider's immunization record or obtain an [immunization record form online](#). All submitted health records must be in English. If the student is unable to complete required vaccinations before campus arrival, they are available at the Luther Clinic. *The cost of the vaccine will be billed directly to the student.*

#### Meningitis Vaccine Information

Meningococcal disease is a potentially life-threatening bacterial infection caused by *Neisseria meningitidis*, a leading cause of bacterial meningitis in older children and young adults in the United States. The disease most commonly is expressed as either meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococemia, a serious infection of the blood. Studies show that students residing in on campus dormitories, especially first-year students, appear to be at up to a six-fold increased risk for meningococcal disease than other college students overall.

**Iowa law requires that we provide this information on Meningitis and the vaccine.** MCV4 or MPSV4, which protects against serogroups A, C, W or Y, is given to preteens and teens beginning at age 11-12 years. A second dose is needed at age 16. Teens and young adults aged 16-23 may also be given MenB which is a vaccine for protection against meningococcal serogroup B disease. *Please talk to your health care provider about these vaccines.*

### HEALTH INSURANCE EXPECTATION

International students will be automatically enrolled in Luther's health insurance policy, prepared specifically for international students. The student does not need to submit information for enrollment. Upon campus arrival, students will receive their insurance card. The insurance card is needed when receiving health care services or to obtain prescribed medication at a local pharmacy.

### CONSIDERATIONS FOR CAMPUS LIVING

#### Before you arrive on campus

- Plan to complete required and recommended **immunizations** before moving to campus.
- Make a **dental appointment** and/or **eye care appointment** as needed, prior to arrival. *These services are not covered through the Luther health insurance program.*
- If you are currently under the care of a physician, discuss **continued care with the Luther Clinic.**
- If you plan to participate in **Luther athletics**, you will have *additional* health forms and requirements.
- Know your **family health history**; you will need this information 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.*

#### Items to have on campus

- **Health Care Kit** (first aid supplies, tweezers, over-the-counter pain medications, cough drops, etc.)
- Copies of your **prescriptions** (medications, eye glasses/contacts)
- Copies of submitted Luther health forms.

Questions about the **Student Health Record Form and immunization record** may be directed to the Office of Student Engagement; 563-387-1020 or [students@luther.edu](mailto:students@luther.edu)



# Student Health Record Form for International Students

Luther College **requires** all students complete this health record form and submit current immunization records (or waiver for immunization exemption) 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](https://norsehub.luther.edu).  
For instructions, go to <https://www.luther.edu/offices/its/help-desk/services/software/norsehub>

## STUDENT INFORMATION

Student Name	<i>last/family, first/given, middle</i>		
Preferred Name			
Home Address			
Luther ID Number		Gender ( <i>optional</i> )	
Student Phone		Birthdate ( <i>month/day/year</i> )	

## EMERGENCY CONTACT INFORMATION *An English-speaking emergency contact person is preferred.*

Name and Relationship	
Email Address	
Telephone	

## MEDICAL ALERT CONDITIONS

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

## TUBERCULOSIS (TB) 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; which includes all international students. **Upon arrival to campus, all international students will receive a TB test as well as any required immunizations not already completed.**

## 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.

**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 (month/day/year)*

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

\_\_\_\_\_  
*Date (month/day/year)*

## IMMUNIZATION RECORD REQUIREMENT

Please **submit a complete record of immunization**. If you are unable to obtain a complete record, vaccinations can be completed at the Luther Clinic. Information about immunization as well as **exemption forms** can be found on Luther's [Health Service page](#).

Student Name *(last/family, first/given, middle)*

Luther ID#

Date *(month/day/year)***STUDENT MEDICAL HISTORY**

Please answer all questions; circle Y (Yes) or N (No). Please comment on all "Yes" answers in the section below.

Have you had:	Yes/No	Have you had:	Yes/No	Have you had:	Yes/No
Anxiety	Y or N	Chronic Fatigue	Y or N	Fainting/Dizziness with exercise	Y or N
Asthma	Y or N	Depression	Y or N	Head Injury/Concussion*	Y or N
Cancer	Y or N	Diabetes	Y or N	* How Many?	
Chest pain with exercise	Y or N	Eating Disorder	Y or N	Seizure Disorder	Y or N

**SCREENING QUESTIONS**

Please answer the following questions; comment on answers in the section below.

	Yes/No
Do you have physical or learning limitations?	Y or N
Are you currently under the care of a physician?	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 under Additional Information)</i>	Y or N
Are you taking any medications regularly? <i>(please list below or submit a prescription list with this form)</i>	Y or N

**BCG VACCINE** – *bacilli Calmette-Guerin vaccine for tuberculosis (TB) disease*

Have you received the BCG Vaccine?	Y or N	Date of Vaccination:
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**Additional Information, Medications or Comments**

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**Please bring this original document and your immunization record with you as you travel to Luther College.**

All enrolled students of Luther College are required to have this Student Health Record Form and immunization record (or waiver for immunization exemption) on file in the Office of Student Engagement. Failure to submit may result in a delay in the room check-in process.

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