



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:

- [Luther Clinic](#) - Partnership with Winneshiek Medical Center (WinnMed) for students
- [Counseling Service](#) – provides mental health service and support
- [Student Engagement](#) – coordinate efforts of all student life areas for support

In preparation of health care support, Luther College requires all students complete this student health record form and submit immunization records (or waiver for immunization exemption) as part of their admission process. All information on these pages is considered confidential and protected information.

REQUIRED HEALTH INFORMATION | DUE AUGUST 1

Student Health Record

To be completed and signed by the student. Please be sure you have signed the consent section. Electronic signatures will not be accepted. **Student Athletes:** this form is to be completed in addition to the requirements from Luther Athletic Training Office.

Immunization Record

Students are required to provide immunization records (or waiver for immunization exemption). Students can submit their health provider's immunization record or request a form from the Office of Student Engagement. If the student is unable to complete vaccinations before campus arrival, they are available at the Luther Clinic. The cost of the vaccine will be billed directly to the student. Information about immunization as well as **exemption forms** can be found on Luther's [Health Service page](#).

HEALTH INSURANCE EXPECTATION

Luther College expects that all enrolled students have health insurance coverage. This expectation is in place for the protection of students. Luther students will access on-campus health care services provided by WinnMed through the Luther Clinic. If students choose to utilize the Luther Clinic for their health care needs, it is the responsibility of students/families to review their insurance plans before seeking care to determine if services will be in or out of network for their plan. *It is strongly recommended that students/families check their plan coverage before arriving on campus.* If a student's insurance plan denies the claim for services provided through the Luther Clinic as out of network, WinnMed will work with students on a discounted rate that will be the student's responsibility. Students/families that have additional questions after consulting with their health insurance provider may call WinnMed at 844-617-6990.

CONSIDERATIONS FOR CAMPUS LIVING

Before moving 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** or **eye care appointment** as needed.
- If you are currently under the care of a physician, discuss **continued care with the Luther 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 Clinic.*

Items to have on campus

- **Health Care Kit** (first aid supplies, over-the-counter pain medications, cough drops, face mask, 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.

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



Student Health Record

Luther College **requires** all students (1) complete this health record and (2) submit a complete immunization record (or exemption waiver) 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 record prior to August 1 using Norse Hub** at norsehub.luther.edu. For instructions, go to <https://www.luther.edu/offices/its/help-desk/services/software/norsehub>

STUDENT INFORMATION

| | | | |
|------------------------------------|--|----------------------------|--|
| Student Name (last, first, middle) | | | |
| Preferred Name / Nickname | | | |
| Permanent Address | | | |
| Luther ID Number | | Gender (<i>optional</i>) | |
| Student Phone | | Birthdate | |

EMERGENCY CONTACT INFORMATION

| | |
|-----------------------|--|
| Name and Relationship | |
| Email Address | |
| Telephone | |

MEDICAL ALERT CONDITIONS

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

HEALTH INSURANCE INFORMATION

Students are expected to have health insurance that provides them coverage in Iowa. Some insurance companies require that "Care Away From Home" is established prior to the student coming to college. **Please document your health insurance coverage below:**

Health Insurance Company Name

Policy Holder / Member Name (Employee)

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

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

Date

IMMUNIZATION RECORD REQUIREMENT

Please **submit a complete record of immunization** from your healthcare provider, public health department or high school **using Norse Hub**. Information about immunization as well as **immunization exemption forms** can be found on Luther's [Health Service page](#).

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 under Additional Information

| 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 under Additional Information

| | 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 |

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/offices/student-engagement/health-service> 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. * *The significance of the travel exposure should be discussed with a health care provider and evaluated.*

ADDITIONAL INFORMATION
