



Immunization Record *to be completed by a health care provider*

Luther College **requires** all students complete a student health form and submit their immunization records (or waiver of 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. **Use this form if you do not already have a complete record of immunization from your health care provider, health department or high school.** *This form must be completed by a physician, health clinic, or Luther Clinic.*

STUDENT INFORMATION

Student Name (last, first, middle)			
Birthdate (month/day/year)			
Student Mobile Phone		Luther ID	

Immunization Exemption for Medical or Religious Reasons

For *medical exemption*, separate documentation signed by a medical professional must be provided. For *conscientious/religious exemption*, separate notarized documentation must be provided. These certificate forms can be found on the IDPH website (<https://hhs.iowa.gov/public-health/immunization>) or request one from your health care provider.

TO BE COMPLETED BY A HEALTH CARE PROVIDER

Please note: 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.

REQUIRED IMMUNIZATIONS

MMR Measles, Mumps, Rubella	month/day/year	TD or Tdap <i>within 10 years</i>	month/day/year
Dose #1		Dose #1	
Dose #2		Which received? <i>please circle</i>	TD or TDAP
POLIO <i>primary series dates</i>	month/day/year	DTP <i>primary series dates</i>	month/day/year
Dose #1		Dose #1	
Dose #2		Dose #2	
Dose #3		Dose #3	
Dose #4		Dose #4	
Dose #5		Dose #5	
Meningococcal A, C, Y, W-135	month/day/year		
Dose #1			
Dose #2			

RECOMMENDED IMMUNIZATIONS

Type/Dose	month/day/year	Site/Location	Manufacturer	Lot#	Initials	Comments
Hepatitis B – 1						
* 2						
3						
Hepatitis A – 1						
2						

Student Name (last, first, middle)

Luther ID#

Today's Date

Recommended Immunizations Continued

Type/Dose	month/day/year	Site	Manufacturer	Lot#	Initials	Comments
Varicella ** – 1						
2						
** Chicken Pox: Indicate history of or two doses of Varicella vaccine.						
Influenza – 1						
Quadrivalent (IIV4) _____ Recombinant (RIV4) _____ Live attenuated influenza vaccine (LAIV) _____						
HPV – 1						
2						
3						
Typhoid – 1						
2						
Men B – 1						
2						
3						
1. MenB-RC (Bexsero) __ routine ____ outbreak –related or 2. MenB-FHbp (Trumenba) __ routine ____ outbreak-related						
COVID 19 – 1						
2						
3						
<i>Booster 4</i>						

Tuberculin Skin Test - TB assessment and test may be required for students identified as high risk.

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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Name of Health Care Provider completing Immunization Record

Date (month/day/year)

Health Care Provider Address and Telephone

Student: Please submit this completed immunization 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>

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

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