



Student Health Form for International Students

Luther College **requires** all students complete this health 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.
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. Student Life 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 – no electronic signatures

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:
------------------------------------	--------	----------------------

Additional Information, Medications or Comments

Please submit this completed student health form and immunization record (or waiver of exemption) by August 1 using Norse Hub at norsehub.luther.edu. For instructions, go to <https://www.luther.edu/offices/its/help-desk/services/software/norsehub>

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 Form and immunization record (or waiver for immunization exemption) on file in Student Life.

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