



Student Health Form

Luther College requires all students (1) complete this health form and (2) submit a current record of immunization (or waiver for exemption) as part of their enrollment process. All information on these pages is considered confidential and protected information and has no effect on your enrollment status.

Prior to August 1, please submit this completed form along with a current record of immunization (or waiver for immunization exemption) by uploading to Norse Hub at norsehub.luther.edu.

Record of Immunization forms and health information can be found at: <https://www.luther.edu/offices/student-life/wellness/health-counseling-services>

STUDENT INFORMATION

Student Name (last, first, middle)			
Preferred Name			
Address (City, State, Country)			
Luther ID Number		Gender (optional)	
Student Phone		Birthdate	

EMERGENCY CONTACT INFORMATION

Name and Relationship	
Email Address	
Phone	

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 health information will be regarded as confidential and shared only as necessary in a situation involving the immediate safety of the student. Student Life will not release health information unless the student signs a release form. For information about FERPA and Privacy Information, visit: <https://www.luther.edu/offices/registrar/ferpa>

By signing below, permission is hereby granted to share health information with my family physician, clinic, hospital, Student Life, or Luther Clinic staff if there is a concern for my immediate safety or the safety of others.

Student Signature – no electronic signatures

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 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. If yes, please comment 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 (explain under Additional Information)	Y or N
Are you taking any medications regularly? (please list below or submit a prescription list with this form)	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 born or have lived (more than 8 weeks) in 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-life/wellness/health-counseling-services> 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.*

**SUBMIT BY
AUGUST 1**

Please submit this health form and a current record of immunization (or waiver for exemption) by uploading to Norse Hub or fax to 563-387-2993.