



# LORAS COLLEGE

For office use only:

Fall Semester 20 \_\_\_\_

Spring Semester 20 \_\_\_\_

## Health Center

1450 Alta Vista St. | Dubuque, IA 52001 | Phone: (563) 588-7142 | Fax: (563) 588-7659

### Required Health Information

Please Print. Complete front and back in English and return to the Health Center.

LORAS I.D. # (if available) \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ CELL PH. #: (\_\_\_\_) \_\_\_\_\_  
mo. / day / year

NAME: \_\_\_\_\_  
Last First Middle

HOME ADDRESS: \_\_\_\_\_  
Street City State/Country Zip

GENDER: \_\_\_\_\_ INTERNATIONAL STUDENT: Yes \_\_\_ No \_\_\_

Do you plan to participate in Loras College intercollegiate sports? Yes \_\_\_ No \_\_\_ Sport(s) \_\_\_\_\_  
Student athletes have additional athletic paperwork.

PARENT #1 NAME: \_\_\_\_\_  
Last First

PARENT #1 PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

PARENT #2 NAME: \_\_\_\_\_  
Last First

PARENT #2 PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

EMERGENCY CONTACT OTHER THAN PARENTS: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Relationship Home Phone Work Phone Cell Phone

Domestic students are encouraged, but not required, to submit health insurance information.

**HEALTH INSURANCE COMPANY:** \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ /Gr. # \_\_\_\_\_

POLICY HOLDER's NAME: \_\_\_\_\_ BIRTH DATE OF HOLDER: M \_\_\_ D \_\_\_ Y \_\_\_\_\_

CUSTOMER SERVICE PHONE NUMBER: \_\_\_\_\_

A student should carry a copy of their insurance card. Please attach front and back copy of the insurance card.

**Provide a list of Physicians in Dubuque that your insurance has approved for medical services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

**REQUIRED IMMUNIZATIONS: MMR (Rubeola, Mumps, and Rubella)**

*Loras College follows the American College Health Association immunization guidelines:*

All students registered for more than 7 credit hours and born after 1956 must provide proof of immunity to MMR by your first week of classes. **Students must provide an official signed and stamped record showing proof of receiving 2 MMR immunizations at least 30 days apart after 12 months of age OR laboratory evidence of immunity (Rubeola and Rubella titers and Mumps IgG immune status) to the Loras College Health Center.** Your physician's office, high school or state health department may have a copy of your vaccine record that can mailed, emailed or faxed to the Health Center.

**MENINGITIS: HIGHLY RECOMMENDED IMMUNIZATION** *Iowa law mandates that we provide education to all students about meningitis disease and the vaccine. Please see Meningococcal Disease Information, which is included with this email.*  
I have received meningitis information.

\_\_\_\_\_  
Signature of Student

**Additional recommended immunizations:** Chicken Pox, Hepatitis A, Hepatitis B, HPV, Polio, and Tdap.

**Allergies:**  NONE List any allergies to medications, food and environment:

\_\_\_\_\_  
**Medication:**  NONE List medications prescribed by physician:

\_\_\_\_\_  
**Health History:**  NONE Please check and explain those you have experienced.

- |                                                                    |                                                                     |
|--------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> ADD/ADHD                                  | <input type="checkbox"/> Headaches (Recurrent)                      |
| <input type="checkbox"/> Anemia                                    | <input type="checkbox"/> Hearing, Vision, Speech                    |
| <input type="checkbox"/> Anxiety/Depression                        | <input type="checkbox"/> Heart Disease                              |
| <input type="checkbox"/> Arthritis                                 | <input type="checkbox"/> Kidney Disease                             |
| <input type="checkbox"/> Asthma                                    | <input type="checkbox"/> Measles (Rubella, Measles (Rubeola), Mumps |
| <input type="checkbox"/> Bleeding Trait                            | <input type="checkbox"/> Menstrual Issues                           |
| <input type="checkbox"/> Cancer or Malignancy                      | <input type="checkbox"/> Mental Health                              |
| <input type="checkbox"/> Chemical Dependency                       | <input type="checkbox"/> Mononucleosis                              |
| <input type="checkbox"/> Chicken Pox                               | <input type="checkbox"/> Orthopedic                                 |
| <input type="checkbox"/> Chronic Bronchitis                        | <input type="checkbox"/> Pneumonia                                  |
| <input type="checkbox"/> Congenital Issues                         | <input type="checkbox"/> Seizure Disorder                           |
| <input type="checkbox"/> Concussions/Head Injury (Number and Year) | <input type="checkbox"/> Sinus Infections (Chronic)                 |
| <input type="checkbox"/> Diabetes                                  | <input type="checkbox"/> Sleep Issues                               |
| <input type="checkbox"/> Eating Issues                             | <input type="checkbox"/> Stomach/Intestinal                         |
| <input type="checkbox"/> Eyes, Ears, Nose, Throat                  | <input type="checkbox"/> Thyroid/Endocrine                          |
| <input type="checkbox"/> Faints easily, Dizziness                  | <input type="checkbox"/> Tuberculosis                               |
| <input type="checkbox"/> Gallbladder/Liver                         | <input type="checkbox"/> Other                                      |

Explanation: \_\_\_\_\_  
\_\_\_\_\_

**Required for International Students Only:** QuantiFERON Gold or T-Spot TB Test completed in the United States in the past 12 months or upon arrival to campus. Attach copy of lab work. Contact the Health Center for information.

Privacy of confidential information is a social, legal, and ethical responsibility of organizations that receive medical information. The Loras College Health Center has a policy to protect the confidentiality of patient data, whether it is electronic or printed information. All patient records maintained by the Health Center are private. Only authorized Health Center personnel may release patient records with written authorization from the patient. Parents of patients 18 years and older, parents or spouses of emancipated minors, and other next of kin will not have access to the medical record without the written consent of the patient. Rev.: 11/06; 3/08; 12/08; 3/13, 1/14; 5/16; 5/17; 5/19; 9/19