Dear Student and Parent(s):

Welcome to Loras College. As part of our commitment to health and wellness promotion, we want to ensure that students are protected against communicable disease. Complete and return the Required Health Information Form including a copy of your insurance card and your vaccine record to the Loras College Health Center via mail, fax or email. Your physician’s office, high school or state health department may have a copy of your vaccine record.

Loras College follows the American College Health Association immunization guidelines:
All students, first year, transfer, international, and continuing education/graduate students registered for more than 7 credit hours and born after January 1, 1957 must provide proof of immunity to MMR (Rubeola, Mumps and Rubella). Students must provide an official signed and stamped record showing proof of receiving 2 MMR immunizations on or after their first birthday and at least 30 days apart OR laboratory evidence of immunity (Rubeola and Rubella titers and Mumps IgG immune status) to the Loras College Health Center.

The Health Center will assist students needing immunizations or laboratory work. Students will be required to pay for the immunizations or laboratory work. Students needing both MMR immunizations must wait 30 days between shots.

Additional Requirements for International Students:
1. All International Students are required to have health insurance designated by Loras College unless health insurance is provided by your home embassy. The Loras College Health Center will enroll you into the health insurance plan with the plan fee being placed onto your Loras College student account. It is the student’s responsibility to contact the Loras College Health Center prior to each semester to be enrolled into the health insurance plan designated by the college or to review your proof of insurance provided by your home embassy.

2. All International Students must report to the Loras College Health Center within two weeks of arriving to campus for a baseline TB (tuberculosis) screening. International students are required to have a QuantIFERON Gold or T-SPOT TB Test completed in the United States in the past twelve months. The Health Center staff will assist students to schedule testing. If the TB test is not covered by your insurance, the student will be required to pay for the test at the time of service. If a student previously tested positive for TB or has been treated for active TB disease, the student must attach documentation of the test and treatment with his/her health records. Students with positive tests will be referred to a local healthcare provider.

The above requirements must be met before students will be able to register for classes for the next semester. All documentation must be in English.

Please note: Student athletes have additional athletic forms.

Although not required, we highly recommend that students be immunized for meningitis. Talk to your physician about the benefits of vaccination. Information on the disease is available at the CDC website:
http://www.cdc.gov/meningitis/index.html

Sincerely,  Sue Ross, R.N., sue.ross@loras.edu  Tammy Marti, R.N., BSN, tammy.marti@loras.edu
Meningococcal Disease Information

The U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends meningitis vaccination for all adolescents.

Meningococcal disease is a rare but life-threatening illness. Commonly called meningitis, the disease is caused by bacteria that infect the blood, brain, and spinal cord. The disease is spread person-to-person resulting in an increased risk for populated settings such as campus residence halls. You can catch meningitis from a person who looks healthy through close personal contact (coughing, kissing, sharing eating utensils or drinking glasses). Even with proper treatment, 10–15% of people with meningococcal disease die. Of the people who survive, as many as 20% suffer from serious complications such as loss of a limb, brain damage, or permanent hearing loss. Meningitis can cause shock, coma, and death within hours of the first symptom. The disease most often strikes older teens and young adults. Vaccination is the best way to prevent meningitis.

The three different types of meningitis vaccines are: MCV4 (conjugate), MPSV4 (polysaccharide) and MenB (serogroup B). MCV4 or MPSV4, which protects against serogroups A, C, W or Y, is given to preteens and teens beginning at age 11–12 years. A second dose is needed at age 16. Teens and young adults age 16–23 may also be given MenB which is a vaccine for protection against meningococcal serogroup B disease. Please talk to your health care provider about these vaccines.

Meningitis symptoms can be mistaken for the flu and may include fever, headache, stiff neck, vomiting, sensitivity to light, confusion and rash. Meningococcal disease can progress very rapidly and can kill an otherwise healthy young person in 48 hours or less.

For more information about meningococcal disease and immunization, visit the following web sites:


1/16
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. #: (______)________________________

NAME: ____________________________________________________________________________________________________
Last                          First                         Middle

HOME ADDRESS: ___________________________________________________________________________________________
Street                                                                     City                                       State/Country                     Zip

GENDER:_______________ INTERNATIONAL STUDENT:  Yes___     No___
Do you plan to participate in any Loras College intercollegiate sports?  Yes___  No___  Sport(s)_______________________________

FATHER’S NAME: ___________________________________________________________________________________________
Last      First

FATHER’S PHONE: Home ________________________    Work ________________________   Cell ________________________

MOTHER’S NAME: __________________________________________________________________________________________
Last      First

MOTHER’S PHONE: Home ________________________   Work ________________________   Cell ________________________

PERSON TO NOTIFY IN EMERGENCY OTHER THAN PARENT(S):

________________________     (______)__________________     (______)__________________     (______)__________________
Relationship                   Home Phone                 Work Phone                Cell Phone

HEALTH INSURANCE COMPANY:  _____________________________________________________________________________

POLICY NUMBER: ______________________________________________________/Gr.#__________________________________

POLICY NAME: ________________________________________  BIRTH DATE OF HOLDER:  M_____  D _____  Y _______

CUSTOMER SERVICE PHONE NUMBER: _____________________________________________

STUDENT SHOULD CARRY A COPY OF THE INSURANCE CARD—**VERY IMPORTANT INFORMATION** in an emergency!
Please attach front and back copy of Insurance Card

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

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

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, and then, only with written authorization from the patient. Parents of patients eighteen 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.


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

For office use only:
Registration Date: ____________________________
☐ Fall Semester 20______
☐ Spring Semester 20____
REQUIRED IMMUNIZATIONS – MUST BE COMPLETED.
If born after 1957:
TWO MMR injections that have been given after the first birthday, at least one month apart.
(1st) Month/day/year : _______/_______/_______    (2nd) Month/day/year : _______/_______/_______
OR attach a laboratory copy showing immune Rubeola, Rubella and Mumps IgG titers.

REQUIRED: Signature and office stamp of physician or immunizing official OR attach official copy of immunization record.

MENINGITIS: HIGHLY RECOMMENDED:
MenACWY: 1. _______ 2. _______
MenB: 1. _______ 2. _______ 3. _______

We highly recommend that you are immunized for meningitis. 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

Recommended Immunizations:
List dates of injection by: M/D/Y
Chicken Pox (Varicella): 1. _______ 2. _______
Hepatitis A: 1. _______ 2. _______
Hepatitis B: 1. _______ 2. _______ 3. _______
HPV: 1. _______ 2. _______ 3. _______
Polio: ____________________________
Tetanus(Td): ___________________ Tdap: ___________________
Other: ____________________________

I HAVE THIS “MED-ALERT” CONDITION:

Allergies
☐ NONE
Please list any allergies to medications, food and environment:
_____________________________________________________
_____________________________________________________

Medication
☐ NONE
List medications prescribed by physician:
_____________________________________________________
_____________________________________________________

Other medications including supplements and OTC’s
_____________________________________________________
_____________________________________________________

REQUIRED FOR
INTERNATIONAL STUDENTS ONLY:
QuantiFERON Gold or T-SPOT TB test completed in the United States in the past year. Please attach copy of lab results. May also be completed upon arrival to campus.

HEALTH HISTORY

Please check those you have experienced.
☐ ADD/ADHD
☐ Anemia
☐ Anxiety/Depression
☐ Arthritis
☐ Asthma
☐ Bleeding trait
☐ Cancer or malignancy
☐ Chemical Dependency
☐ Chicken Pox
☐ Chronic bronchitis
☐ Chronic skin disease
☐ Concussion/head injury (# of concussions_______)
☐ Diabetes
☐ Eating disorder
☐ Eyes, ears, nose, throat disorder
☐ Faint easily/dizziness
☐ FEMALES: Menstrual disorder
☐ Gallbladder/liver disease
☐ Headaches (recurrent)
☐ Hearing/vision/speech disorder
☐ Heart disease
☐ Heart murmur
☐ High blood pressure
☐ Kidney disease
☐ Malaria
☐ Measles (Rubella)
☐ Measles (Rubeola)
☐ Mononucleosis
☐ Mumps
☐ Orthopedic problem (i.e., knee, back)
☐ Pneumonia
☐ Rheumatic Fever
☐ Scarlet Fever
☐ Seizure disorder
☐ Sinus infection (chronic)
☐ Sleep disorder
☐ Stomach/intestinal disorder
☐ Thyroid or endocrine disturbance
☐ Tuberculosis
☐ Other
☐ NONE