



DIVISION OF STUDENT AFFAIRS
Student Wellness Services

Student Health Center
Health History Form
2018-19

STUDENT ID NUMBER: _____

NAME: _____ Start Term: _____ Date of Birth: _____
(Last) (First) (Middle) (month/year) (month/day/year)

CHECK ALL THAT APPLY: Undergraduate Resident Transfer ELI Graduate Commuter International Veteran/Military
CLASS: Freshman Sophomore Junior Senior

Completion required of new students in order to register for classes.

Due June 30 for fall semester and Feb. 1 for spring semester.

Health care provider to fill out required vaccines or submit official copies of your vaccines

Table with 2 columns: VACCINE, DATE. Rows include MMR (if born after 1956), Hepatitis B #1, #2, #3, and Chickenpox (if born after 1979).

Table with 2 columns: VACCINE, DATE. Rows include DPT SERIES, Td/TDAP/ADACEL, and Tuberculosis Testing.

PLEASE INFORM PATIENT OF ANY IMMUNIZATION UPDATES NEEDED FOR COMPLETION OF REQUIREMENTS.

MENINGOCOCCAL MENINGITIS VACCINE (A/C/Y/W-135)

Required by the State of Pennsylvania:

- If initial dose given at under 16 years of age, two doses are required.
If initial dose given at 16 years of age or older, one dose is required.

Table with 2 columns: VACCINE NAME, DATE. Rows for 1 and 2 doses.

DECLINE: I have read the information about the Meningococcal Meningitis vaccine. I understand that in declining this vaccine, I continue to be at risk for this serious disease. I can always receive the vaccine at a future time.

Student signature or parent signature if student is under the age of 18 DATE

Information Regarding the Option to Decline the Meningitis Vaccine

Meningococcal disease is a serious bacterial illness of the brain and spinal cord. It is a leading cause of bacterial meningitis in children 2-18 years old in the United States. It can cause complications like loss of a limb, deafness, seizures, mental retardation and death. College freshman living in dormitories have an increased risk of getting meningococcal disease.

The best way to prevent the disease is through the Quadrivalent (types A, C, W-135, Y) meningococcal vaccine. The State of PA requires college students to either obtain this vaccine or read this information and sign a waiver of refusal. Vaccines cannot prevent all types of this disease but it can significantly reduce your chances. If after reading about this disease you decide to decline it, you must sign the vaccine refusal line on page one of this health form.

There is an additional new meningitis vaccine for type B, which is recommended by the Center for Disease Control, but not required. Discuss this with your doctor. For more information on meningitis visit: cdc.gov/meningitis.

Name of Health Care Provider Signature

Address

City, State, ZIP Phone

FOR STUDENT HEALTH CENTER STAFF ONLY

Complete date

Incomplete date

NAME: _____ Start Term: _____ Date of Birth: _____
(Last) (First) (Middle) (month/year) (month/day/year)

Students to fill out this information

STUDENT INFORMATION

STUDENT ID NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

STUDENT CELL PHONE NUMBER: _____

BIRTH DATE: _____ SEX: MALE FEMALE
(month/day/year)

COUNTRY RAISED IN: _____ COUNTRY OF BIRTH: _____

FAMILY HISTORY

AGE	HEALTH STATUS (EXCELLENT; GOOD; FAIR; POOR; IF DECEASED, LIST CAUSE OF DEATH)
FATHER _____	_____
MOTHER _____	_____
BROTHERS _____	_____
_____	_____
SISTERS _____	_____
_____	_____

PARENT OR OTHER TO NOTIFY IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____ CELL PHONE NUMBER: _____

HEALTH INSURANCE—REQUIRED

The following categories of students are required to carry health insurance either through the University-sponsored plan or through an alternative, comparable plan: all undergraduate day students, all resident students, all international students, all undergraduate evening students taking 12 or more credits, and all graduate students registered for six or more credits or in a full-time program.

Prior to first attendance at the University, and annually thereafter, students must complete the online student health insurance waiver/enrollment process. The deadline to opt out of the insurance premium is **Aug. 30, 2018** for the fall semester and **Feb. 28, 2019** for the spring semester.

Go to firststudent.com and select La Salle University, then click on either "waive insurance" or "enroll now." For customer service, call 800.505.4160.

**PLEASE INFORM US OF ANY CHANGES.
STUDENTS SHOULD CARRY A COPY OF ALL INSURANCE INFORMATION AT ALL TIMES.**

NAME: _____ Start Term: _____ Date of Birth: _____
(Last) (First) (Middle) (month/year) (month/day/year)

Students to fill out this information

MEDICAL HISTORY: HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS?

A. DRUG AND FOOD ALLERGIES

- Penicillin/Ampicillin/Amoxicillin
- Sulfa
- Codeine
- Food Allergy (please specify): _____
- Other (describe): _____
- None**

B. NEUROLOGICAL

- Concussion (list dates): _____
- Cerebral Palsy
- Migraines
- Seizure Disorders Date of last seizure: _____
- Other (describe): _____
- None**

C. CARDIOVASCULAR

- Fainting
- Blood Disorder
- Heart Condition (list): _____
- Elevated Blood Pressure
- Heart Murmur
- Other (describe): _____
- None**

D. GASTROINTESTINAL

- Chronic Inflammatory Bowel Disease
- Digestive Problems (describe): _____
- Acid Reflux
- Other (describe): _____
- None**

E. GENITOURINARY

- Urinary Tract Infections
- Kidney Stones
- Kidney Disease
- Other (describe): _____
- None**

F. INFECTIOUS DISEASES

- Chicken Pox
- Viral Hepatitis
- Infectious Mononucleosis (Mono)
- MRSA (Methicillin-resistant Staph aureus) Date: _____
- Positive TB testing Date: _____
- Preventative INH Treatment
for Tuberculosis Date: _____
Length of Treatment: _____
- HIV
- Other (describe): _____
- None**

G. METABOLIC/ENDOCRINE

- Diabetes
- Thyroid Disorder
- Other (describe): _____
- None**

H. RESPIRATORY

- Asthma/Sports-Induced Asthma
Asthma Medication: _____
- Seasonal Allergies: _____
- Other (describe): _____
- None**

I. DERMATOLOGY

- Eczema
- Urticaria
- Psoriasis
- Other

J. PSYCHOLOGICAL OR SOCIAL

- Alcohol/Drug Abuse Problems
- Eating Disorder
- Panic Attack
- Anxiety
- Insomnia
- Depression
- ADD/ADHD
- Psychiatric Admission
- Other (describe): _____
- None**

K. WOMEN'S HEALTH (describe): _____

- None**

L. CANCER (describe): _____

- None**
- Chemotherapy**
- Radiation**

M. SURGERIES AND HOSPITALIZATIONS

Dates: _____ Specify reason: _____

N. CHRONIC, SERIOUS, OR OTHER ILLNESS

O. CURRENT MEDICATIONS AND DOSAGES

P. STUDENT HEALTH CENTER ADDITIONS: DATES:

NAME: _____ Start Term: _____ Date of Birth: _____
(Last) (First) (Middle) (month/year) (month/day/year)

Students to fill out this information

SPECIAL HEALTH REQUIREMENTS

Are you receiving care for a chronic condition or serious illness?
 yes no

If yes, a letter from your health care provider with recommendations for care is suggested. Please send the letter to the Student Health Center.

PLEASE IDENTIFY ILLNESS OR CONDITION: _____

PRIMARY HEALTH CARE PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX: _____

SPECIALIST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATE OF LAST VISIT: _____

If you anticipate the need for local medical care from a specialist while on campus, please contact the Student Health Center for referrals.

CLASSROOM ACCOMMODATIONS

If you want to request classroom accommodations, you must contact: Rose Lee Pauline, Affirmative Action Office, at pauline@lasalle.edu or 215.951.1014

PARKING ACCOMMODATIONS

For parking accommodations, you must call the Parking Office at 215.951.1066.

PATIENT PRIVACY RIGHTS

All services provided by the Student Health Center are strictly confidential. Medical information cannot be released to family members without permission from the student unless the student is a threat to others.

You can visit our website at lasalle.edu/health for more information about our services, or call our office at 215.951.1565.

ABOUT THE STUDENT HEALTH CENTER

The Student Health Center is a primary health care facility that provides direct health care services while assisting students to take responsibility for their own health and wellness.

Hours: Monday through Friday, 8:30 a.m. to 4 p.m., when classes are in session.

Address: Student Health Center, 1900 W. Olney Ave, Box 419, Philadelphia, PA 19141-1199

Location: St. Benilde Tower, Suite 1026

Website: lasalle.edu/health

Email: studenthealth@lasalle.edu

Phone: 215.951.1565

Fax: 215.951.1566

FAILURE TO COMPLETE THIS HEALTH FORM RESULTS IN A MEDICAL HOLD BLOCKING REGISTRATION FOR CLASSES.