



DIVISION OF STUDENT DEVELOPMENT AND CAMPUS LIFE Student Wellness Services

Student Health Center Health History Form 2022-23

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 4:30 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

STUDENT ID NUMBER: \_\_\_\_\_

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

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

Completed form required for class registration. Due Aug. 1 for fall and Jan. 2 for spring.

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

Table with columns for REQUIRED VACCINES and DATE. Includes MMR, Hepatitis B, Chickenpox, DPT SERIES, Tuberculosis Testing, and SARS-COV2.

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: Information Regarding the Option to Decline the Meningitis Vaccine

Name of Health Care Provider Signature Address City, State, ZIP Phone

FOR STUDENT HEALTH CENTER STAFF ONLY Complete date Incomplete date

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

RECOMMENDED VACCINES	DATE	DATE	DATE
Serotype B Meningococcal vaccine: .....			
Hepatitis A vaccine: .....			
HPV (Gardasil): .....			

Also consider receiving: Influenza Vaccine

**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: \_\_\_\_\_

**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**

Please see the La Salle University portal ([lasalle.edu/studentinsurance](http://lasalle.edu/studentinsurance)) where each student must either "waive insurance" or "enroll now."

Please complete the following:

INSURANCE CARRIER: \_\_\_\_\_ PRIMARY SUBSCRIBER: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

**Please include a photocopy of your insurance card.**

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

**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 (describe): \_\_\_\_\_
- None**

**J. PSYCHOLOGICAL OR SOCIAL**

- Alcohol/Drug Abuse Problems
- Eating Disorder
- Anxiety
- Panic Attack
- Depression
- Insomnia
- Psychiatric Admission
- ADD/ADHD
- 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**

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

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

**SPECIAL HEALTH REQUIREMENTS**

If you are receiving care for a chronic illness and your provider wishes to send information, please send to the attention of the Student Health Center.

**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.