



LaGrange College Health Form

****NEW STUDENT DEADLINE to return form: 2 weeks BEFORE your scheduled Summer Orientation****

[Feel free to visit the LaGrange Housing website](#)

LaGrange College requires all students, even those living off campus, to have the attached form completed and submitted to the institution **2 weeks before your scheduled Summer Orientation**. Failure to submit this form may result in your exclusion from campus and/or removal from campus housing without reimbursement until submission of a completed form.

Information to be completed by the student/family		
(Additional information may be provided on the back of this document)		
Full Name of Student: _____	Date of Birth: _____	
Health Insurance Provider: _____	Policy Number: _____	Insured Name: _____
While personal health insurance is not required, the College strongly urges all students to carry personal health insurance and does not take responsibility for student health issues.		
<u>Current Medication</u>		
Medication: _____	Dose/Frequency: _____	Subscribing Doctor/Phone: _____
Medication: _____	Dose/Frequency: _____	Subscribing Doctor/Phone: _____
Medication: _____	Dose/Frequency: _____	Subscribing Doctor/Phone: _____
Please list any allergies: _____		
Name and Phone # of Emergency Contact(s): _____		
Are there any medical/health issues that you believe the College should be aware of – if so, please list on back of this document?		
Note: If you have any medical/health issue that requires accommodations under the ADA, please contact the Director of Counseling.		

Information to be completed by a licensed physician					
LaGrange College requires the following immunization. Please provide documentation verifying the following:					
Vaccine	Date (MM/DD/YY)	Date (MM/DD/YY)	Date (MM/DD/YY)	Date (MM/DD/YY)	Date of Positive Lab/Serologic Evidence
MMR (students born after 1957 require two doses administered after 1980)					
Varicella (not req. if born before 1980)					(or history of varicella)
PPD Tuberculosis skin test or Blood Test (Chest x-ray required if PPD is positive)					Positive: Negative:
Hepatitis B				Type Series 2 dose: 3 dose:	
Tetanus-Diphtheria (DTP, Dtap, Td) – Date must be within 10 years	Tdap	Td Booster			
Meningococcal Vaccine*					
* “Students over 18 years of age or older shall be required to sign a document provided by the postsecondary institution stating that he or she has received a vaccination against meningococcal disease or reviewed the information provided. If a student is a minor, only a parent of guardian may sign such document.”					
WAIVER: I have read the above information concerning meningitis and have elected to: _____ I have elected not to be immunized _____ As listed above, I have had the Meningitis vaccination					
Signature of student (or parent/guardian if student is under 18): _____					
Students seeking exemptions to required immunizations for temporary medical conditions (such as pregnancy), must supply documentation from a physician. Students seeking exemptions for religious reasons should contact the Director of Housing.					
Print Name and Address of Provider: _____					
Signature: _____ Provider office stamp required					

Student Certification	
All statements provided in this document are accurate. Likewise, I have no abnormalities, limitations, or restrictions not listed herein. I understand that untrue or inaccurate information supplied on this document may result in my removal from campus or expulsion.	
Student Signature (or parent if under 18): _____	Date: _____

Visit the [housing website](#): www.lagrangepage.edu > scroll over “Campus Life” > click on “Housing” for more information.