



LaGrange College 2019-2020 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 <i>(Additional information may be provided on the back of this document)</i>	
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 (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.”					
<p align="center">WAIVER: I have read the above information concerning meningitis and have elected to:</p> <p align="center">_____ I have elected not to be immunized _____ As listed above, I have had the Meningitis vaccination</p> <p align="center">Signature of student (or parent/guardian if student is under 18): _____</p>					
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](http://www.lagrangepage.edu): www.lagrangepage.edu > scroll over “Campus Life” > click on “Housing” for more information.