STUDENT HEALTH AND EDUCATION SERVICES

HEALTH FORM AND IMMUNIZATION RECORD



PLEASE COMPLETE BOTH SIDES OF THIS FORM. DO NOT SEND SEPARATE RECORDS. NO ATTACHMENTS WILL BE ACCEPTED. Please complete information and return to Loyola University Maryland student health and education services.

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NAME LAST	FIRST	MIDDLE				
Male Female						
BIRTHDATE (MONTH / DAY / YEAR) SEX	SOCIAL SECURITY NUMBER	STUDENT ID #				
HOME ADDRESS						
CITY	STATE / COUNTRY IF APPLICABLE	ZIP CODE				
HOME TELEPHONE	CELL PHONE					
Term Entering: □ Fall □ Spring Student Status: □						
	Trist real E transfer E Grad Student					
PERSON TO NOTIFY IN CASE OF AN EMERGENCY						
NAME	RELATIONSHIP	HOME TELEPHONE	WORK TELEPHONE			
PRIMARY PHYSICIAN/HEALTH INSURANCE						
PHYSICIAN / PROVIDER NAME		TELEPHONE	FAX			
ADDRESS	CITY	STATE	ZIP			
HEALTH INSURANCE COMPANY/HMO	POLICY NUMBER	GROUP NUMBER				
ADDRESS	CITY	STATE	ZIP			
MEDICAL HISTORY						
Allergies (Please list any allergies to drugs, food, insec	rt stings etc – specify drug allergies)					
Anergies (Freuse list any unergies to drugs, 1000, mack	at, stilligs, etc. specify drug difergres/					
Please tell us about any chronic health conditions, disa Loyola University Maryland. Attach pertinent medical		ly impact your nealth	status while at			
Part II.						
PARENTAL CONSENT TO MEDICAL AND/OR SURGICAL	TREATMENT OF MINOR					
To be completed by the parents or guardians of	students who will be younger than 18 upon	arrival on campus.				
The laws of Maryland require that surgical and medical treatment of minors and release of medical information to hospitals, other physicians, and insurance companies about conditions treated by us be at the request of and with the approval of their parents. This right to request an approval may be delegated to University officials. Although it is our policy to notify the parents as soon as possible in the event of major illness or injury, it is impractical to notify for every minor illness or injury requiring treatment. It will help us protect the health of your child if you will delegate to use discretion in these matters. I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter and agree to present information concerning his/her medical condition to other responsible University officials when deemed desirable. No major operations will be performed, except in extreme emergency, without parents being fully informed.						
Signature of Parent or Legal Guardian		Date				
Signature of Student		Date				

NAME LAST	FIRST	MIDDLE	
DATE OF BIRTH	STUDENT ID #	SS#	
PART III. IMMUNIZATION RECORTO BE COMPLETED AND SIGNED	RD D BY YOUR HEALTH CARE PROVIDER. All inf	formation must be in English.	
PREMATRICULATION REQUIREM	ENTS		
A. TETANUS-DIPHTHERIA (Td or	Dpt)		
1. Tetanus-Diphtheria booster	must be given within the last ten years		//
B. POLIO (OPV or IPV)			MONTH DAY YEAR
Completed primary series of	f polio immunization: 🗆 Yes 🗆 No Da	te of last booster:	MONTH DAY YEAR
C. MEASLES, MUMPS, RUBELLA -	Proof of Immunity Required		
MMR (Measles, Mumps, Rubell 1. Dose 1 - Immunized at 12 mo	onths after birth or later		MONTH DAY YEAR
2. Dose 2 - Immunized at any	time 1 month after dose #1		MONTH DAY YEAR
1. PPD (Mantoux) test within 6	uired for entrance (Regardless of prior BCG is months prior to admission surement of induration		ered///
Result: Negative Posi	itive Complete mm results mn	n	
	mm induration (Attach copy of chest x-ray st x-ray	Result: 🗆 No	ormal/
3. Document any treatment (IN	NH or other) received. If history of active TB,	, document completed TB therapy. (Attach	copies of documentation)
E. MENINGOCOCCAL VACCINE (Required by Maryland State Law)		
F. HEPATITIS B VACCINEDos	se #1	e #2	ee #3//
	office record		
2. Has report of positive immu	ne titer. Specify date		MONTH DAY YEAR
	equired age 2 13)Dos		
HEALTH CARE PROVIDER			
NAME			
ADDRESS	CITY	STATE	ZIP
SIGNATURE	TELEPHONE	DATE	
LOVOLA CTUDENT HEALTH DEVIEWED		DATE	

Information on this form is CONFIDENTIAL. It is for the Health Center's use only and will not be released without the student's written consent and will not affect admission status.

