

Welcome to Lawrence University!

The Wellness Services team is here to provide student-centered, high-quality care that promotes lifelong wellness and supports academic success. Please take time to check our website for more details.

<https://www.lawrence.edu/students/wellness>

Prior to arriving on campus, be sure to complete the entire checklist below. Submit your paperwork in PDF or JPEG form via [LEAPFILE](#) to Wellness Services by **Deadline: August 1st**, or student's course registration will be held.



New Student Health Services Checklist: Due by August 1st:

- Part I: Student Information and Emergency Contacts**
- Medical Consent for Treatment of Minors** (if student is under 18 when form is completed)
- Health insurance information** – *Ensure coverage in Appleton*
- Part II: Medical History**
- Part III: Immunization Record**
- Part V: Hepatitis B and Meningococcal Meningitis Immunization Health History**
- Part VI: Physical Exam (ONLY FOR ATHLETES)**
 - within 6 months prior to the start of practice and need an alternate physical

***Email questions to wellnessservices@lawrence.edu or call 920-832-6574.**

Prescription Information:

Students are encouraged to maintain relationships with current provider and may need to schedule appointments with home providers over breaks. Most states and prescriptions can be electronically sent, even over state lines, to [Hometown Pharmacy](#) and will be delivered to Wellness Services. If students are unable to continue with home providers, they can Check the [Wellness Service's website](#) for information about transferring your prescription or contact Wellness Services with questions.

VARSIY ATHLETES MUST COMPLETE

- List your Varsity Sport _____
- Submit physical exam records via Athletic Trainer System (ATS)
 - *Physical completed no more than 6 months prior to practice
- Submit Health Services Checklist below via LEAPFILE **AND** ATS



*Instructions to upload in ATS can be found on the [Athletics website](#).

*Email athletic questions to nevada.j.watson@lawrence.edu or call 920-832-7270.

INCOMING STUDENT MEDICAL HISTORY AND PHYSICAL EXAMINATION

Lawrence University Landis Health Center · 711 E. Boldt Way · Appleton, WI 54911 · Phone 920-832-6574 · Fax 920-832-7488

PART I: STUDENT INFORMATION:

Legal name _____ Current name _____
Date of Birth ___/___/___ Sex assigned at birth ___ Gender Identity ___ Gender pronoun(s) ___
Home Address _____ City _____ State ___ Zip Code _____
Country _____ Home phone _____ Cell phone _____
LU ID _____ Class: Fr So Jr Sr Date completed ___/___/___

EMERGENCY CONTACT: (please include at least 2 phone numbers)

1. Name _____ Relationship _____
Home Address _____
Home phone _____ Cell phone _____ Work phone _____
2. Name _____ Relationship _____
Home Address _____
Home phone _____ Cell phone _____ Work phone _____

CONFIDENTIALITY STATEMENT

All information on these pages is considered confidential and protected. Health Services will not release medical information to anyone including parents unless the student signs a separate release of information specific to each illness/incident. Release of Information forms can be found on the [Health Center's website](#).

STANDING CONSENT FOR ROUTINE TREATMENT OF MINORS: (for students under 18 years old)

I, the undersigned parent/guardian of the above named student, hereby give my consent for the provision of routine health care to the said child by health care providers and staff of Lawrence University Health and Counseling Services. This care may be routine diagnostic procedures, examinations, medical treatment, routine laboratory tests, x-rays, health and wellness counseling, and the administration of over-the-counter or prescribed medication. This consent shall be valid for the period of time commencing on the date of the student arrival on campus until the student's 18th birthday. I do hereby indemnify and hold harmless the health care providers and entities and other persons who act in reliance upon this consent. I also authorize treatment by a physician at a local medical facility in the event of an emergency.

Signature of Parent/Guardian _____ Date ___/___/___

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Student Name _____ DOB _____

HEALTH INSURANCE

All students are required to have health insurance and carry their insurance card with them at all times. CHECK WITH YOUR INSURANCE COMPANY REGARDING COVERAGE IN THE APPLETON AREA. Lawrence partners with an insurance company to offer students health insurance plan with coverage in Appleton. For policy information and enrollment procedure [click here](#) to be directed to their website.

CHECK WITH YOUR INSURANCE COMPANY REGARDING COVERAGE IN THE APPLETON AREA

Wellness Services can assist with minor illness and injury, and will coordinate referrals to local healthcare clinics. Health Insurance would significantly reduce financial responsibility when requiring care in a local clinic or lab work.

Policy Holder's Name _____ Policy Holder Date of Birth ___/___/___

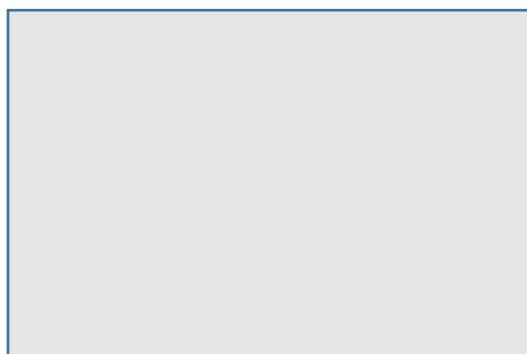
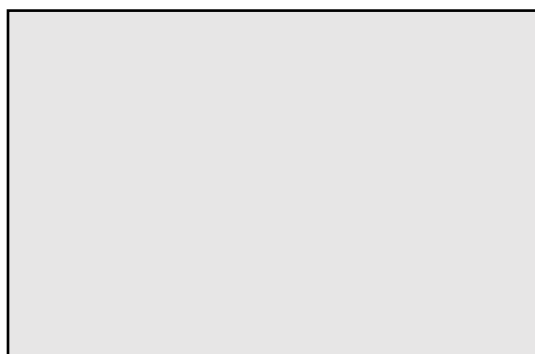
Policy Holder's Employer _____

Policy Holder's Address _____

City _____ State _____ ZIP _____ Phone _____

Attach picture of the FRONT of insurance card

Attach picture of the BACK of insurance card



**INTERNATIONAL STUDENTS CHECK ISS INSURANCE REQUIREMENTS.
YOU DO NOT NEED TO COMPLETE THIS PAGE.**

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PART II: STUDENT NAME _____ **DOB** _____

Student’s Personal Medical History – **Provide date and explanation for any ‘YES’ answers below**

Have you ever had...	Y	N	DATE	EXPLANATION
Migraines or Frequent/Severe Headaches				
Seizures				
Cancer or other immunocompromised disorder				
Eye Disease				
Diabetes or other Endocrine disorder (thyroid)				
Mononucleosis				
Rheumatic Fever				
Anemia				
Sickle Cell Disease				
Hemophilia				
AIDS/HIV				
Asthma				
Seasonal Allergies				
Tuberculosis				
Heart Disease				
High Blood Pressure				
Heart Murmur				
Gastrointestinal Disease				
Hernia				
Kidney Disease				
Urinary Tract Infection				
Hepatitis or other Liver Disease				
Menstrual Irregularities				
Sexually Transmitted Disease				
Genetic Disorder				
Skin Infection (fungal, bacterial, viral)				
Anxiety				
Depression				
Eating Disorder				
Other Mental Health Disorder				
Physical Disability				
Obesity				
Back Injury or Pain				
Joint Injury/Disease				
Broken/Fractured Bones				
Dislocated/Subluxed Joints				
Problems with pain/swelling				
# of Concussions without losing consciousness				
# of Concussions with loss of consciousness				
Surgery				
Positive COVID 19 diagnosis with date				
Any other Condition/Illness:				

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STUDENT NAME _____ DOB _____

MEDICATIONS:

NAME OF MEDICATION	REASON FOR MEDICATION

ALLERGIES: List allergy and reaction.

ALLERGEN	REACTION

Family Medical History (parent, grandparent, sibling)

Do any of your immediate relatives have or had...	Y	N	Relationship		Y	N	Relationship
Cancer				Asthma/Seasonal Allergies			
High Blood Pressure				Seizure Disorder			
Sickle Cell Trait				Mental Health Disease			
Tuberculosis				Substance Abuse			
Diabetes				Sudden Death (before 50)			
Heart Disease				COVID-19			
Kidney Disease				Other			

If you are or become a varsity athlete, you also understand and agree that the Lawrence University Athletics Department will have access to this information.

I hereby certify that, to the best of knowledge, the information provided on this form is complete and correct.

Student Signature _____ Date _____

Parent/Guardian Signature if <18 _____ Date _____

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PART III: STUDENT NAME _____ DOB _____

IMMUNIZATION RECORD

Students are required to provide immunization records or proof of immunity by copy of lab results or physician signature with diagnosis. **Immunizations should be completed before coming to campus.** Most vaccines are available at the Health Center if unable to complete before arriving. The cost of the vaccine will be charged to the student's account. Influenza vaccines will be available on campus.

Please attach a hard copy of your immunization record

REQUIRED VACCINES	1 st DOSE DATE	2 nd DOSE DATE	3 rd DOSE DATE	History of Disease/ Lab confirmation of immunity
Measles (2 doses or history of disease)				
Mumps (2 doses or history of disease)				
Rubella (2 doses or lab report showing immunity)				
Td or Tdap (within last 10 years)				
Hepatitis B (3 doses if <18yo, 2 doses if 18yo))				

***Students who have not been immunized may be excluded from class and residence halls if an outbreak of a vaccine preventable disease occurs on campus.**

OPTIONAL VACCINES	1 st DOSE	2 nd DOSE	3 rd DOSE
COVID-19 *HIGHLY RECOMMENDED* (at least 1 bivalent dose)			
Meningitis *HIGHLY RECOMMENDED* (2 doses)			
Meningitis B *HIGHLY RECOMMENDED* (2 or 3 doses) Circle Bexsero or Trumenba			
Polio			
Hepatitis A (2 doses)			
Varicella (2 doses or history of chickenpox)			
Human Papillomavirus HPV (2 or 3 doses)			
Typhoid			
BCG (if not born in USA)			
Other			

Statement of Exemption to Immunization: If you cannot complete the required vaccines, a [waiver form](#) must be returned to Wellness Services. Note that students who have not been immunized may be excluded from class and residence halls if an outbreak of a vaccine preventable disease occurs on campus.

B. Meningococcal Meningitis

Meningitis is inflammation of the protective membranes surrounding the brain or spinal cord, and is usually caused from an infection. Meningitis is most often caused by bacteria or a virus. Bacterial meningitis can be extremely dangerous. Symptoms can come on suddenly and progress quickly. 10-15% of cases result in death. 1 in 5 people that survive will then live with permanent disabilities such as brain damage, hearing loss, kidney damage, or limb amputation. College students are at a higher risk of contracting meningitis because of the close living quarters. Meningitis is spread by oral and nasal respiratory secretions during close contact like kissing or coughing on someone. Meningitis bacteria cannot live outside of the body for very long so is not spread as easily as a cold virus. To prevent contracting Meningitis you should receive the recommended vaccines, wash your hands, and cover your cough. There are 2 different types of the Meningitis vaccine and you need both to ensure the most protection. No vaccine can guarantee 100% effectiveness, but can significantly reduce your risk of illness. The first meningitis vaccine protects against serogroups A, C, W, and Y. The other protects against serogroup B. Depending on the brand, you may need 2 or 3 doses to be fully vaccinated. The immunizations are available at the Health Center. Contact the Health Center for more details. Meningitis symptoms are similar to those of the flu, come on suddenly, and may become deadly fast. Treatment should be provided early with antibiotics. People who are in close contact with the infected person should also be treated as a precautionary measure.

For more information regarding meningitis, consult Center for Disease Control websites.

www.cdc.gov/meningococcal/about/index.html

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.pdf>

- I hereby certify that I have read this information and I have received the vaccine for Meningococcal Meningitis.

Dates of Immunization: Meningitis ACYW (Menactra®, Menveo®, and MenHibrix®)

#1 _____ #2 _____

Meningitis B (Bexsero® or Trumenba®)

#1 _____ #2 _____ #3 _____

- I hereby certify that I have read this information and I have elected NOT to receive the vaccine for Meningococcal Meningitis.

Signature of student _____ Date _____

Parent/Guardian (if student is under age 18) _____ Date _____