

LENOIR-RHYNE UNIVERSITY

Student Health Record

Return to:
Student Health Center
LR Box 7399
Hickory, NC 28603 or
Fax: 828-328-7348 or
studenthealth.records@lr.edu

Please read carefully and complete the following forms. Incomplete forms may delay your ability to register for classes or move onto the LRU campus. Note the due date for the immunization record is different from the other forms. If you have any questions or need assistance, please contact Student Health Services office: 828-328-7959; or email: studenthealth.records@lr.edu; confidential fax: 828-328-7348. **Welcome to LRU!!!!**

- **Immunization Record** (pages 2-6 of the Student Health Record) North Carolina Law (G.S. 130A-155.1) requires persons attending a college or university, whether public or private to present a Certificate of Immunization or record of immunization prior to registering for classes unless the student meets the exemptions (see page 2).

ALL Students must complete page 5.

Due May 1st for Summer and Fall Enrollment

Due January 1st Spring Enrollment

- **Student Health History/Physical** (pages 7-13 of the Student Health Record)

Due July 15th for Fall Enrollment

Due May 15th for Summer Enrollment

Due January 1st for Spring Enrollment

- Pages 7 – 10 & 13 (*required for ALL Students unless you meet the Immunization Exemptions on page 2*).
- Pages 11 and 12/ Physical Examination (*You must have a physical on file to be treated in the LRU Student Health Center*).

Required for **ALL**:

Residential Students

Athletes – Including Intramural/Club/NCAA sports

Nursing (Undergraduate and RIBN Only)

Athletic Training

Occupational Therapy

Dietetic Intern

Physician Assistant

An attached copy of a physical examination is acceptable as long as the exam addresses all aspects of the LRU physical examination and CANNOT be more than a year old before the first day of class. NCAA Athletes must have an updated physical.

Guidelines for Completing Immunization Record

ATTENTION: According to North Carolina law, proof of immunization must be submitted prior to registering for classes.

You are ONLY exempt from submission of Immunization Records (pg. 4) if ANY of the below apply to you. If you do not check any of the boxes below, proceed to page 4.

Check all that apply:

- I am enrolling in online classes only (Graduate Students Only).
- I am taking only 4 or less credit hours.
- I am enrolling in evening classes (after 5pm) only.
- I am enrolling in weekend classes only.
- I am only enrolled in classes at the Center for Graduate Studies of Asheville campus.
- I am only enrolled in classes at the Lutheran Theological Southern Seminary (LTSS), Columbia SC campus.

If you checked any of the above boxes you are exempt from having to submit immunizations. Please sign below and return this page with Page 5 of the Student Health Record (TB Questionnaire).

EXEMPT STUDENT'S SIGNATURE

I meet one of the above exemptions (please check the appropriate exemption(s)). I understand that if anytime during my enrollment at Lenoir-Rhyne University I no longer meet the exemption status, I will be required to submit my immunization record. I will have **14 days** after my status change to submit the records.

Print Student's Name

Signature of Student (or Parent/Legal Guardian if
The student is under 18 years of age)

Date

 Last Name First Name Middle Name Date of Birth

Section B: Tuberculosis (TB) Exposure Questionnaire – ALL students must complete!		
<i>**ALL International students must have the TB skin test (PPD/Mantoux)**</i>		
<i>Note: BCG Vaccination does not exempt TB skin testing</i>		
	YES	NO
Have you experienced any of the following symptoms: unexplained weight loss, loss of appetite, night sweats, fever, fatigue, cough lasting longer than 3 weeks, chest pain, or hemoptysis (coughing up blood)?		
Have you ever been diagnosed with TB?		
Do you have HIV?		
Have you been in contact with a person who has TB?		
Do you inject illicit drugs?		
Have you resided in, been employed by, or volunteered in: prison, jail, long term care facility, nursing home, hospital, and other health care facilities, residential facilities for persons with AIDS or homeless shelters?		
Do you have ANY of the following conditions: silicosis, diabetes, chronic renal failure, hematological disorders, malignancies, 10% or more below your ideal weight, history of gastrectomy or jejunoileal bypass, prolonged corticosteroid therapy, immunosuppressive therapy, pulmonary fibrotic lesions visible on a chest x – ray from prior untreated TB or any other immunosuppressive disease?		
Have you visited (including cruise port stops) or resided in a country of high TB prevalence within the last 5 years: Asia, Africa, Caribbean, Latin America, Mexico, South America, Pacific Islands or Eastern Europe		

If you answered **YES** to any of the above questions; **OR** you are an International student, you **MUST** have a TB (PPD/Mantoux) skin test.

If you have had a TB skin test within the last 12 months, those results are acceptable as well. However, if you have traveled to the above countries since that prior test, you must have a new TB skin test administered.

*****ALL STUDENTS MUST TURN IN THIS PAGE – NO EXCEPTIONS!*****

TB Results:

Date Placed:	Date Read:	Result: (Circle One) Positive Negative Induration: _____ mm Clinic Stamp or Signature Below:
Date of Chest X-Ray for Positive Result:	Chest X-Ray Result:	Treatment Date: (Provide copy of Physician’s treatment orders/notes)