



LENOIR-RHYNE UNIVERSITY
STUDENT HEALTH SERVICES

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!!!!**

This health record is for the following students:

- Graduate students enrolled only in online courses (**Students enrolled in the Dietetic Internship and FNP/DNP programs will need to complete the full student health record**).
- Students taking only 4 or less credit hours.
- Students enrolled in evening classes (after 5pm) only.
- Students enrolled in weekend classes only.
- Graduate students enrolled in classes at the Center for Graduate Studies of Asheville campus (**Students enrolled in undergraduate programs & the Dietetic Internship Program will need to complete the full health record**).
- Graduate students enrolled in classes at the Lutheran Theological Southern Seminary (LTSS) or in the Clinical Mental Health Counseling program at the Center for Graduate Studies of Columbia campus. (**Students enrolled in the Occupational Therapy program will need to complete the full health record**).

Guidelines for Completing Immunization Record

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

You are ONLY exempt from submission of Immunization Records if ANY of the below apply to you.

Check all that apply:

- Graduate students enrolled only in online courses (**Students enrolled in the Dietetic Internship and FNP/DNP programs will need to complete the full student health record**).
- Students taking only 4 or less credit hours.
- Students enrolled in evening classes (after 5pm) only.
- Students enrolled in weekend classes only.
- Graduate students enrolled in classes at the Center for Graduate Studies of Asheville campus (**Students enrolled in undergraduate programs & the Dietetic Internship Program will need to complete the full health record**).
- Graduate students enrolled in classes at the Lutheran Theological Southern Seminary (LTSS) or in the Clinical Mental Health Counseling/Human Services programs at the Center for Graduate Studies of Columbia campus. (**Students enrolled in the Occupational Therapy program will need to complete the full health record**).

If you checked any of the above boxes you are exempt from having to submit immunizations. Please sign below and return this page *with 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
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Section B: Tuberculosis (TB) Exposure Questionnaire – ALL students must complete!

****ALL International students must have the TB skin test (PPD/Mantoux)****

****ALL Occupational Therapy students must complete two-step TB skin test (PPD/Mantoux)****

Note: BCG Vaccination does not exempt TB skin testing

	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)