



CONCORDIA
UNIVERSITY

HEALTH SERVICES AND HEALTH HISTORY APPLICATION

Concordia University Health Services Form

FOR OFFICE USE ONLY

Name: _____
Last *Legal First* *Middle* *Student I.D. #*

YEAR AND SEMESTER OF ENTRY

- I plan to enroll as a: Freshman Transfer (12 or more college credits post high school graduation)
- Start Date: 20____ Fall Spring Summer 1 Summer 2
- Have you previously attended Concordia University? Date From: _____ - _____ - _____ To: _____ - _____ - _____

HEALTH REQUIREMENTS CHECKLIST:

- Completion of the Health History Form.
- A tuberculin skin test within the past six months (a report of a recent chest x-ray if the skin test was positive).
- A diphtheria-tetanus vaccine within the past ten years.
- Mumps vaccine or laboratory evidence of Mumps disease.
- Rubella vaccine or laboratory evidence of Rubella disease.
- Polio vaccine.
- MMR vaccine (Measles, Mumps, Rubella - see page 9).

please type or print

Name: _____
Last *Legal First* *Middle* *Preferred First*

Mailing Address: _____
Street *City*

State/Province *Zip* *Country*

Permanent Address: _____
Street *City*

State/Province *Zip* *Country*

Mailing Address Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ - _____ - _____ Place of Birth: _____ Gender: Male Female

Country of Citizenship: _____ Country of Birth: _____

Height: _____ Weight: _____ Do you have Health Insurance? Yes No

Health Insurance Company _____

PERSONAL HISTORY

6. Do you have any physical activity restrictions? (If yes, please explain):

7. Within the past year, has a close friend or member of your family died, been hospitalized, or been seriously ill?

Yes No (If yes, please explain): _____

To comply with Oregon State Law regarding measles (rubeola), Concordia University has the following policy:

Every undergraduate student who is taking 12 credits or more, or graduate student who is taking 6 credits or more must complete Section 1 OR Section 2 for documentation. Students not providing needed evidence in one section will not be allowed to register for classes for any succeeding term following enrollment.

Section 1:

I have had two doses of measles (rubeola) vaccine given on or after my first birthday (age 1).

The two doses were at least 30 days apart. Yes No

If you do not have documentation from the month and year for the first dose, but you have the documentation for the second dose (during or after December 1989), this is also adequate documentation.

First Dose Date: _____ - _____ (Month/Year) Second Dose Date: _____ - _____ (Month/Year)

- OR -

Section 2:

- My measles (rubeola) titer report is attached and indicates I am immune to measles.
- I was born before January 1, 1957.
- A signed physician, nurse practitioner, or physician assistant statement is attached indicating I had measles (rubeola).
The date must be included.
- A signed and dated statement by a physician or nurse practitioner or physician assistant is attached verifying I have a medical reason for not receiving the immunization.
- My religious beliefs prohibit my use of immunizations.

Date: _____ - _____ - _____ Applicant's signature: _____