



# Health History Form – Lake Forest College

Deadline for submitting the form; if you don't submit the form to the Forester Health & Wellness Patient Portal by the deadline, **you will be subject to a late fee of \$100.** To access the portal: <https://lakeforest.medicatconnect.com> and use your College issued username and password to log-in.

<b>Fall Students Deadline</b>	<b>Spring Students Deadlines</b>
July 15th	January 15th

*Students not in compliance with immunization requirements during their first term of attendance are restricted from registering for subsequent terms until compliance is obtained, per mandate of the State of Illinois.*

## A Few Things to Note Before Filling Out This Form:

- Health insurance is mandatory.** If you are not covered by your parent/guardian's policy, you must either enroll in the Student Health Insurance Plan offered by the College through the Gallagher Insurance Agency (<http://www.gallagherkoster.com/>), or purchase a health insurance policy from the Insurance Marketplace at HealthCare.gov, or through an independent insurance broker.
- Please note: **Your health insurance must cover medical, mental health, and emergency services. If you are an out of state student, please verify that your insurance plan provides coverage in Illinois.** Many plans have limitations that you should be aware of before arriving on campus. (Medicaid plans only provide coverage in the state in which the student is a resident.)
- For the **Immunization Record** (Based on State of Illinois Law and College Policy) a **signature of a licensed Health Care Provider** or certification from a health agency or clinic is required at the end of the Immunization Record. Enter immunization dates under the 'Immunization' tab in the Forester Health & Wellness Portal **and** upload supporting documentation by your healthcare provider.
- All students must complete the attached **tuberculosis screening questionnaire** prior to arrival on campus. If appropriate, TB testing must be completed no earlier than 6 months prior to arrival on campus and prior to registration for second semester.
- If you will be **under the age of 18** when at Lake Forest College, a parent or legal guardian must sign consent to permit treatment at Health Services.
- To request **medical or religious exemptions to immunizations**, follow the directions under the immunization section. Exemption from immunization may result in quarantine of non-immunized students off grounds in the event of a contagious disease outbreak.
- If you are not able to upload documents into the Patient Portal, please **contact the Health and Wellness Center at [healthandwellness@mx.lakeforest.edu](mailto:healthandwellness@mx.lakeforest.edu).**

## STUDENT AND ACADEMIC INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      Middle                                      Preferred Name

\_\_\_\_\_  
Permanent Address (including city and state)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Student ID (6-digit number)

**Sex at Birth:**    \_\_\_ Female    \_\_\_ Male

**Gender Identity:**    \_\_\_Female    \_\_\_Male    \_\_\_Transfemale/MTF    \_\_\_Transmale/FTM    \_\_\_Transgender    \_\_\_Gender-nonconforming

\_\_\_ Different Identity: \_\_\_\_\_

**Semester and Year of Enrollment:**    Fall 20\_\_\_    Spring 20\_\_\_

**Enrollment Status:**    \_\_\_ Half-Time (2 credits)    \_\_\_ Full-Time (3 Credits)

**Academic Program:**    \_\_\_ Undergraduate  
   \_\_\_ Graduate (check program below)  
   \_\_\_ Master of Liberal Studies (MLS Program)  
   \_\_\_ Master of Arts in Teaching (MAT Program)

## Lake Forest College Immunization Record

All full-time and half-time students are required by Lake Forest College and Illinois law to submit proof of immunization. THIS PAGE MUST BE COMPLETED BY A HEALTHCARE PROVIDER (e.g. M.D., D.O., or Licensed Nurse), and include their name (printed), signature and date at the bottom, to be considered valid under Illinois State Law. All records must be submitted in English. A translation by a certified translator with copies of the original records is acceptable. **An original immunization record from your medical provider may be submitted in place of this page.**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I. REQUIRED IMMUNIZATIONS	DATE ADMINISTERED (MM/DD/YY)
<b>Tetanus/Diphtheria/Pertussis:</b> Any combination of 3 or more doses of Diphtheria, Tetanus and Pertussis containing vaccine (DTP, DTap, Tdap)	<b>Primary Series:</b> (1) ___/___/___ (2) ___/___/___  <b>Tdap Booster:</b> ___/___/___ (last booster must be within 10 years)
<b>Measles, Mumps, Rubella (MMR):</b> 2 doses required at least 1 month apart with first dose being 12 months of age.  <b>OR ALL 3 OF THESE CRITERIA ARE MET:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Measles (Rubeola)</b>  <b>Mumps</b>  <b>Rubella (German Measles)</b> </div> <div style="width: 65%;">                     (1) ___/___/___ (2) ___/___/___ <b>OR</b> titer indicating positive immunity ___/___/___                      (1) ___/___/___ (2) ___/___/___ <b>OR</b> titer indicating positive immunity ___/___/___                      (1) ___/___/___ (2) ___/___/___ <b>OR</b> titer indicating positive immunity ___/___/___                 </div> </div>	(1) ___/___/___ (2) ___/___/___ <b>OR</b> titer indicating positive immunity ___/___/___  (1) ___/___/___ (2) ___/___/___ <b>OR</b> titer indicating positive immunity ___/___/___ (1) ___/___/___ (2) ___/___/___ <b>OR</b> titer indicating positive immunity ___/___/___
<b>Meningococcal Conjugate:</b>  Required <b>ONLY</b> for students age 22 years or younger at the start of classes. MUST have been completed at 16 years of age or older.	(1) ___/___/___

II. STRONGLY RECOMMENDED	DATE ADMINISTERED (MM/DD/YY)
<b>Hepatitis A</b> 2 or 3 doses	(1) ___/___/___ (2) ___/___/___ (3) ___/___/___
<b>Hepatitis B</b> 3 doses	(1) ___/___/___ (2) ___/___/___ (3) ___/___/___
<b>Meningococcal B</b> 2 or 3 doses	(1) ___/___/___ (2) ___/___/___ (3) ___/___/___
<b>Human Papillomavirus (HPV) :</b> 3 doses	1) ___/___/___ (2) ___/___/___ (3) ___/___/___

III. TUBERCULOSIS	DATE ADMINISTERED (MM/DD/YY)
<b>Complete Tuberculosis Self-Screening on page 3 to determine if tests are needed.</b> If your answers to the Tuberculosis Self-Screening instruct you to complete a TB test and you complete a PPD skin test, record the result here.	<b>Date Placed:</b> ___/___/___ <b>Date Read:</b> ___/___/___ <b>Result:</b> _____ (millimeters)*  *If result is >= 5mm, please reach out to Health & Wellness Center for additional requirements.

IV. HEALTHCARE PROVIDER
<b>Name and title of Provider (printed):</b> _____
<b>Signature of Provider:</b> _____ <b>Date:</b> ___/___/___
<b>Address:</b> _____
<b>Phone Number:</b> (____) _____
<b>Exemptions:</b> If you feel that you are exempt from vaccination requirements based on a medical contradiction, religious beliefs, or pregnancy, please contact the Health and Wellness Center at Lake Forest College at 847-735-5240 to discuss the necessary procedures and documentation.

**TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE:  
TO BE COMPLETED BY ALL INCOMING STUDENTS**

Last Name, First Name	Date of Birth	Date	Signature
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Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? If yes, please list the country here: \_\_\_\_\_  Yes  No

- |                                  |                                       |                                  |                          |                                    |
|----------------------------------|---------------------------------------|----------------------------------|--------------------------|------------------------------------|
| Afghanistan                      | Congo                                 | Kenya                            | Nicaragua                | Tajikistan                         |
| Algeria                          | Côte d'Ivoire                         | Kiribati                         | Niger                    | Tanzania                           |
| Angola                           | Democratic People's Republic of Korea | Kuwait                           | Nigeria                  | Thailand                           |
| Anguilla                         |                                       | Kyrgyzstan                       | Northern Mariana Islands | Timor-Leste                        |
| Argentina                        | Democratic Republic of the Congo      | Lao People's Democratic Republic | Pakistan                 | Togo                               |
| Armenia                          |                                       |                                  | Palau                    | Tunisia                            |
| Azerbaijan                       | Djibouti                              | Latvia                           | Panama                   | Turkmenistan                       |
| Bangladesh                       | Dominican Republic                    | Lesotho                          | Papua New Guinea         | Tuvalu                             |
| Belarus                          | Ecuador                               | Liberia                          | Paraguay                 | Uganda                             |
| Belize                           | El Salvador                           | Libya                            | Peru                     | Ukraine                            |
| Benin                            | Equatorial Guinea                     | Lithuania                        | Philippines              | Uruguay                            |
| Bhutan                           | Eritrea                               | Madagascar                       | Portugal                 | Uzbekistan                         |
| Bolivia (Plurinational State of) | Estonia                               | Malawi                           | Qatar                    | Vanuatu                            |
| Bosnia and Herzegovina           | Ethiopia                              | Malaysia                         | Republic of Korea        | Venezuela (Bolivarian Republic of) |
| Botswana                         | Fiji                                  | Maldives                         | Republic of Moldova      | Viet Nam                           |
| Brazil                           | Gabon                                 | Mali                             | Romania                  | Yemen                              |
| Brunei Darussalam                | Gambia                                | Marshall Islands                 | Russian Federation       | Zambia                             |
| Bulgaria                         | Georgia                               | Mauritania                       | Rwanda                   | Zimbabwe                           |
| Burkina Faso                     | Ghana                                 | Mauritius                        | Senegal                  |                                    |
| Burundi                          | Greenland                             | Mexico                           | Serbia                   |                                    |
| Cabo Verde                       | Guam                                  | Micronesia (Federated States of) | Sierra Leone             |                                    |
| Cambodia                         | Guatemala                             |                                  | Singapore                |                                    |
| Cameroon                         | Guinea                                | Mongolia                         | Solomon Islands          |                                    |
| Central African Republic         | Guinea-Bissau                         | Montenegro                       | Somalia                  |                                    |
| Chad                             | Guyana                                | Morocco                          | South Africa             |                                    |
| China                            | Haiti                                 | Mozambique                       | South Sudan              |                                    |
| China, Hong Kong SAR             | Honduras                              | Myanmar                          | Sri Lanka                |                                    |
| China, Macao SAR                 | India                                 | Namibia                          | Sudan                    |                                    |
| Colombia                         | Indonesia                             | Nauru                            | Suriname                 |                                    |
| Comoros                          | Iraq                                  | Nepal                            | Swaziland                |                                    |
|                                  | Kazakhstan                            | New Caledonia                    | Syrian Arab Republic     |                                    |

*Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries and territories with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.*

Have you had frequent or prolonged visits\* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, **CHECK** the countries or territories, above)  Yes  No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?  Yes  No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?  Yes  No

**If the answer is YES to any of the above questions**, Lake Forest College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. Go to: <http://www.lakeforest.edu/studentlife/health/services/records.php> “TB Clinical Assessment”

**If the answer to all of the above questions is NO**, no further testing or further action is required.

\* *The significance of the travel exposure should be discussed with a health care provider and evaluated.*

# HEALTH HISTORY

**REQUIRED FOR STUDENTS WHO INTEND TO USE THE HEALTH AND WELLNESS CENTER FOR THEIR HEALTHCARE NEEDS.**

**Student Name:** \_\_\_\_\_ **Student I.D.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## Personal Health History

PLEASE CHECK YES OR NO (Y/N), PROVIDING SPECIFIC DETAILS TO ALL "YES" ITEMS TO THE BEST OF YOUR KNOWLEDGE.

Y	N	ITEM	DETAILS (list specific information)
		Allergies (any)	
		Adverse Medication Reaction	
		Current medications (prescription or other) If so, list frequency and length of time taken.	

ITEM	Y	N	YEAR	Check each item:	Y	N	YEAR
Alcohol or drug problems				Emotional/Psychological problems			
Appendectomy				Epilepsy/Seizure Disorder			
Asthma				Heart condition, disease, or murmur			
Attention Deficit/Hyperactivity Disorder				HIV test positive or AIDS			
Bleeding/Clotting problems				High Blood Pressure			
Cancer, leukemia, or lymphoma				Migraine Headaches			
Concussion/Mild Traumatic Brain Injury				Mononucleosis/Epstein-Barr Virus			
Depression or Anxiety (specify)				Sexually Transmitted Diseases			
Diabetes Mellitus				Sickle Cell Anemia/Trait			
Dizziness/Fainting				Splenectomy			
Eating Disorder/Anorexia/Bulimia				Tobacco Use			
				Tonsillectomy			

**Other Surgical/medical condition not listed:** \_\_\_\_\_

## STUDENT SIGNATURE (REQUIRED)

**Please sign and date below.** By signing you are certifying that all information supplied is correct to the best of your knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## TREATMENT/SHARING OF MEDICAL INFORMATION OF MINORS (UNDER AGE OF 18 YEARS)

As the parent/guardian of my minor (under 18 years of age) son or daughter I hereby authorize:

- 1) The sharing/exchange of relevant medical information between Lake Forest College representatives (officials, faculty, staff), Lake Forest College Health and Wellness Center, and, for the purpose of diagnosis and/or treatment, other medical providers. Each of the above individuals or entities is also authorized to communicate and discuss health matters with the parents/guardians/emergency contacts of my minor child.
- 2) The transportation of my minor child, under appropriate circumstances, to area hospitals for diagnosis and treatment.
- 3) The provision, by Lake Forest College Health and Wellness Center, of such diagnostic, therapeutic, voluntary immunization, and operative procedures as may be deemed necessary for my minor child.

Any and all related expenses will be the responsibility of the student and/or parent/guardian.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_