

HEALTH CENTER 12180 Park Avenue South Tacoma, Washington 98447-0003

Phone: 253-535-7337 Fax: 253-536-5042 Email: health@plu.edu

Student Immunization History and Emergency Information THIS FORM IS REQUIRED FOR ATTENDANCE							Documents may be sent securely via fax or through our secure ETRIEVE site: https://etcentral.plu.edu/#/form/24				
PACIFIC LUTHERAN UNIVERSITY OFFERS MEDICAL SERVICES TO ALL STUDENTS, FULL OR PART TIME.											
Last Name	irst Name			Middle Initial		Preferred Name					
Date of Birth (MM/DD/YYYY)	Gender Assigne	ned at Birth Gender Identity □ Fe			emale □ Male			Social Security Number			
	□ Female □ Ma	lale			y 🗆 c	Other:					
PLU Student ID	Telephone Numb	ber (Home)			Telep	hone Num	ber (Mo	obile/Cell)			
	1		5						. 3		
HOME ADDRESS											
Street		City		State	e or Pı	rovince	ZIP or	Postal Code	Country		
Name of Emergency Contact (in		Emergency Contact Telephone Numb				Emergency Contact Relationship					
Are you an International Studer	☐ Yes ☐ No If yes, which country are you from?										
Which program are you enrolle	☐ Undergrad ☐ International program ☐ MBA ☐ Visiting Scholar ☐ Pathway International										
If yes, what year did you attend? Are you a former PLU student? □ Yes □ No											
Are you a former PLU student?	What was your previous last name?					-					
In what term will you enter PLU?					er						
Of what year? □ 2023			□ 2024 □ 2025								
INSURANCE INFORMATION											
Do you have medical and hospital coverage?						RANCE CARD					
1. Health Center Consent and Release This document has legal significance - please read it carefully.											

Pacific Lutheran University (PLU) will keep your medical records confidential, and they will only be used for the provision of health care services. Because of PLU's promise of confidentiality, you, as the student, must inform Residence Hall staff or other university personnel (i.e. physical education instructors or athletic coaches) of any medical condition that you have that could be of concern while you are attending PLU. Furthermore, you are responsible for wearing a Medic Alert bracelet, necklace, or similar device to warn health care providers of your diabetes, hemophilia, heart disease, seizure disorder, drug allergies, or other significant medical conditions.

In the event that PLU is required to rely on this consent to authorize necessary medical care and treatment for the student, the undersigned, individually and jointly, agree to indemnify and hold PLU harmless for the costs incurred for said emergency care and treatment, including reasonable attorney's fees and costs incurred in defending and/or instituting a suit to recover said medical expenses.

As a PLU student, I consent to any necessary medical or surgical treatment in the event of a medical emergency as confirmed by any attending physician, advanced registered nurse practitioner, or physician assistant at PLU Health Services. If the student is under 18 years of age, PLU will attempt to contact the undersigned parent or guardian for approval before relying on this consent. In addition, the undersigned student must personally consent to said medical procedure if he or she is physically and emotionally capable of consenting at the time such treatment is required.

Student Signature	Please Print Name	Date
Parent or Guardian Signature Required if the student is under 18 years of age	Please Print Name	Date

2. Immunization Record -You may also attach coples of vaccines or lab results as official records. 2. Immunization Record -You may also attach coples of vaccines or lab results as official records. 2. Immunization Record -You may also attach coples of vaccines or lab results as official records. 2. COVID and MMR Exemption forms are located on our website www.blu.duidinos/decuments under -Health Compress to laborate individual immunization decorations include your high sativot, primary care provider's office, parent's official records, your Public Health Department, and returning records to locate this information, we see able to defer you tilt to be form prior to 1 January 1957, you are considered immune to the MMR due to expectate to these diseases, and you are not subject to the immunization if you were born prior to 1 January 1957, you are considered immune to the MMR due to expectate to these diseases, and you are not subject to the immunization if you were born and the subject to the immunization in the subject to the immunization in the subject to the immunization of the subject to the immunization in the subject to the immunization in the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject to the immunization in the records of the subject in the subject is first bithday. 2. Documented theory of manys disease. 3. Documented theory of manys disease. 3. Documented theory of manys disease. 4. Documented theory of manys disease. 5. Documented theory of manys disease. 5. Documented theory of the subject is subject to the interest the subject is subject i	Last Name			First Name				I	Middle Initial	Student ID		
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