

HEALTH CLEARANCE FORM



REGISTRAR'S OFFICE

Please print legibly:

Name: _____ @ _____
Last First MI Student ID No.

Address: _____
Street City State Zip Code

Telephone: (____) _____ Date of Birth: _____

1A. MEASLES, MUMPS, RUBELLA (MMR) CLEARANCE REQUIREMENT: Two doses of measles vaccine with at least one of the two being Measles, Mumps, Rubella (MMR) separated by at least one month are required. First dose must have been given after January 1, 1968, on or after the first birthday. The following clearance must be signed or stamped by Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or clinic:

Table with 4 columns: Vaccine/Type, Month, Date, Year. Sections: FIRST IMMUNIZATION, SECOND IMMUNIZATION.

Physician or Authorizing Signature and Date Office Stamp or License No.
Printed Physician Name U.S. State of License

1B. MEASLES, MUMPS, RUBELLA (MMR) IMMUNITY WAIVER: MMR immunization may be waived if: 1.) student is born before 1957 (mail official copy of birth certificate); or 2.) a physician has confirmed diagnosis in the past; or 3.) a laboratory report of immunity (aka "Titer Test") is signed by Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) only and written on official stationery.

2. TUBERCULOSIS SKIN TEST (TB) CLEARANCE REQUIREMENT: The tuberculin skin test needs to be taken within a 12-month period prior to first attending classes at HPU. The following clearance must be signed or stamped by a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or clinic:

TB Test Read (PPD) ___/___/___ Results: Positive ___ mm Negative ___ mm (Indicate # of mm's only)
MM DD YY [If positive, you must provide documentation of negative chest X-Ray and/or doctor's statement describing treatment and TB treatment dates.]

Physician or Authorizing Signature Date License Number or Office Stamp
Printed Physician Name U.S. State of License

This form has been completed to the best of my knowledge, and I freely consent to this information being used for my registration at Hawai'i Pacific University.

Student Signature Date

Submit this form to the Registrar's Office:
Hawai'i Pacific University - 1164 Bishop Street, Suite 216, Honolulu, HI 96813
Phone: (808) 544-0239; Toll free: (866) 225-5478 #6; Fax: (808) 544-1168; Email: registrar@hpu.edu