

- Fall 20 _____
- Spring 20 _____
- Summer 20 _____

University of Hawai'i
 Windward Community College
 45-720 Kea'ahala Road – Kāne'ohe, HI 96744
 (808) 235-7432

HEALTH CLEARANCE FORM

All students must meet State of Hawai'i Department of Health (DOH) Health Clearance requirements (Hawai'i Administrative Rules, Title 11-157). Registration will not be allowed until all health clearances are met and submitted to the Admissions and Records Office. These health clearances must be from a U.S. licensed Medical doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or clinic.

NAME: _____ Birth Date: _____ UH ID: _____
 Print Last Name, First Name MI

CERTIFICATE OF TUBERCULOSIS (TB) EXAMINATION):

The Mantoux Tuberculin skin test (PPD) must have been given within 12 months prior to the first day of the term. The Certificate TB examination may be issued by the Hawai'i Department of Health or a U.S. licensed MD, DO, APRN, or PA. The certificate must include the date of administration and reading of the PPD, the measurement in millimeters of the induration (raised skin reaction), and the signature or stamp of the MD, DO, APRN, PA, or clinic. If the transverse diameter of induration is 10 mm or greater, a chest x-ray (within 12 months prior to the first day of the term) is also required to exclude communicable TB. Students with a past positive PPD (documented as stated above), may have a chest x-ray without a repeat skin test.

Date Given: _____ / _____ / _____ Chest X-Ray (if skin test is positive): _____
 Date Read : _____ / _____ / _____ Date Taken: _____ / _____ / _____
 Millimeter of Induration: _____ Results: _____

Name or Stamp of Physician/Clinic: _____ Phone: _____

Signature: _____ Date: _____

MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION:

A record of Measles, Mumps, and Rubella (MMR) immunizations, signed or stamped by a U.S. licensed MD, DO, APRN, PA or clinic must be presented to Admissions and Records prior to the first day of the term. This record must include complete dates (month/day/year) for each immunization. Two doses of measles vaccine are required (two shots) with at least one of the two being MMR vaccine. A blood test showing laboratory evidence of immunity to measles, mumps and rubella signed by a U.S. licensed MD, DO, APRN, or PA may be substituted for a record of immunizations. Students born before 1957 are exempt from MMR immunization requirement.

Date 1st Shot Given: _____ / _____ / _____ Blood Test (Serologic/Titer) showed evidence of immunity to MMR: _____
 Date 2nd Shot Given: _____ / _____ / _____
 Measles Yes No
 Mumps Yes No
 Rubella Yes No
 Date of Test: _____

Name or Stamp of Physician/Clinic: _____ Phone: _____

Signature: _____ Date: _____