HEALTH CLEARANCE REQUIREMENT

It is a requirement of the Hawaii State Department of Health that all students submit a proof of measles immunization and a valid TB (Tuberculosis) clearance. (Hawaii Administrative Rules, DOH Title 11, Chapter 157)

Please complete the Health Clearance Form (back side). You need to take this form to your physician and get a verification of your immunizations OR obtain the measles/MMR immunizations. Your physician’s signature is required on the form.

1. Measles Immunization Requirement
   Two doses of measles vaccine are required, with at least one of the two being MMR (Measles-Mumps-Rubella) vaccine. A record of immunizations must be presented for school attendance. This record must include complete dates (month, day, year) for each required immunization and must be certified by a physician.

2. Tuberculosis Clearance
   You must take the Health Clearance Form (back side) to your physician and take either a Tuberculin skin test or a chest x-ray test. Please do not send the copy of the chest x-ray. If your skin test result shows that you are POSITIVE, you must submit chest x-ray results. Your TB test results must be dated within one year before the HELP term begins.

   In addition, if you attend more than six months in our program, you will be required to take another TB test in the State of Hawaii. This can be performed by the Student Health Service.

Please keep in mind that you must submit Health Clearance Form with your HELP application. You will not be able to attend our program without completing this form. All the information you provide will be treated confidentially and will not become a part of your academic records.
HEALTH CLEARANCE FORM

NAME: __________________________ BIRTHDATE: ________________

Measles/MMR Immunization
Two doses of live measles vaccine are required, with at least of the two being an MMR (Measles, Mumps, and Rubella). Measles immunization may be waived if (a) student was born before 1957; (b) there was documented history of disease; (c) there is serologic evidence of immunity.

COMPLETE ONE OF THE FOLLOWING:
1. Proof of two MMR immunizations:
   First Dose: _____________ Second Dose: ________________
   MONTH/DATE/YEAR MONTH/DATE/YEAR
2. Measles (Rubeola) vaccine: 1) ____________/__________ 2) ____________/__________
   Mumps vaccine: 1) ____________/__________
   Rubella vaccine: 1) ____________/__________

3. Antibody titers:
   Measles: Date: ____________/__________ Titer results: __________________
   Mumps: Date: ____________/__________ Titer results: __________________
   Rubella: Date: ____________/__________ Titer results: __________________
4. Date of Disease: __________________

Tuberculin Examination
A Tuberculin skin test (PPD – Mantoux) within one year prior to enrollment is required. Skin test results must be read in 48 to 72 hours. If positive, a chest x-ray is required. *If you attend more than six months in our program, you will be required to take an additional TB test in the State of Hawaii.

SKIN TEST (PPD – Mantoux)......................................................................................................................... CHEST X-RAY (if skin test is positive)
Date Given: ____________/__________ Date Given: ____________/__________
RESULTS: Positive Negative
☐ Revealed no abnormalities
☐ Others (Explain) __________________

(Please indicate the size of reaction, in mm)

*Does the Student have any significant medical conditions or disabilities that would limit participation in academic and/or physical activities? (Specify) ________________________________

* Any other comments on the Student’s Health: ______________________________

Signature of the Physician: __________________________ Date: ________________

Name of Physician and/or Clinic/Hospital: __________________________ Telephone Number: __________________________

Address: __________________________________________________________________________________________
City: __________________ State: __________ Zip: __________ Country: __________