## MAUI TB & MMR Clearance

<table>
<thead>
<tr>
<th>Testing Location and Telephone</th>
<th>Services</th>
<th>Hours</th>
</tr>
</thead>
</table>
| University of Hawai'i Maui College Campus Health Center  
310 Ka'ahumanu Avenue  
Kahului, HI 96732  
Telephone 984-3493 | TB skin testing $20.00 for  
UHMC Students with Student ID number  
TB skin testing for Non-students $40.00  
MMR - call for current price by appointment with UHMC Student ID number | Monday - Friday  
9:00 AM - 4:00 PM  
Closed for Lunch 12:00 - 1:00  
Appointments are recommended |
| Wailuku Health Center  
121 Mahalani Street  
Wailuku, HI 96793  
Telephone 984-2128, 984-8260 | FREE TB skin testing  
TB Reading | Tuesday  
2:00 PM - 4:00 PM  
Thursday  
2:00 PM - 4:00 PM |
| Lahaina Comprehensive Health Center  
Lahaina Civic Center  
1830 Hono'apiilani Hwy.  
Lahaina, HI 96761  
Telephone 662-4031 | FREE Chest X-rays  
FREE TB skin testing  
TB Reading  
FREE Chest X-rays | First Tuesday of the month  
1:30 PM - 2:30 PM  
First Thursday of the month  
1:30 PM - 2:30 PM  
First Tuesday and Thursday of the month  
1:30 PM - 2:30 PM |

### AUTHORIZATION AND CONSENT FOR TREATMENT OF MINORS

To be completed by a parent or guardian if the student will be under the age of 18 when seeking health services from the University of Hawai'i Maui College, Campus Health Center.

I, the parent/legal guardian of (PRINT STUDENT NAME), in consideration of the services rendered and of the facilities provided by the University of Hawai'i Maui College, Campus Health Center, hereby voluntarily and knowingly authorize and give my express consent to visit, or visits when either unaccompanied or accompanied by myself or another adult while in transit to, from, or in attendance at the University of Hawai'i Maui College, for the purpose of vaccinations and/or TB testing, or emergency drug administration by the nurse practitioner in attendance and/or the staff of the University of Hawai'i Maui College, Campus Health Center.

SIGNATURE OF PARENT/LEGAL GUARDIAN ______________________________ DATE: __________
UNIVERSITY OF HAWAI'I MAUI COLLEGE – HEALTH CLEARANCE FORM

Student Instructions:
1) Complete box 1 by filling in your personal information.
2) Information in boxes 2 & 3 must be completed by a physician/clinic in the United States.
3) Health clearances must be submitted before registration for ALL new, transfer and returning students or registration will not be allowed.

Physician/Clinic Instructions:
1) Complete boxes 2 & 3. Be sure to sign and stamp each section you complete.

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### Box 1: STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>UH Number or Username</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>Daytime Phone</td>
<td>Birthdate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### TUBERCULOSIS CLEARANCE REQUIREMENTS

- TB clearance must be dated within one year of the first day of the semester by a US licensed Healthcare provider (MD, DO, APRN, or PA).
- Skin test must be read within 48-72 hours administration and documented in mm. If positive, a chest X-ray is required.
- TB test & chest X-rays must be done in the continental U.S., Alaska, Hawaii or a U.S. military base. Tests or X-rays done anywhere else will not be accepted. Quantiferon is NOT accepted as a test for Tuberculosis in the State of Hawaii.

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### Box 2: Physician's/Clinic's Use Only:

**TB (PPD-MANTOUX)**
- Date given: ____________ Date read: ____________ Results (in mm): ____________
- OR

**CHEST X-RAY (if skin test is positive)**
- Date x-ray taken: ____________ Results: ____________

MD or RN Signature ____________________________ Official Stamp ____________________________

Printed Name and Title ____________________________ Date ____________ Telephone No. ____________

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### MEASLES MUMPS RUBELLA (MMR) CLEARANCE REQUIREMENTS (One of the following):

- Proof of one dose of the Measles (Rubella) vaccine, and one dose of Measles/Mumps/Rubella (MMR) vaccine, OR
- Proof of two doses of the Measles/Mumps/Rubella (MMR) vaccinations, OR
- Positive Measles Mumps Rubella (MMR) IgG blood test report if student had diseases, or if vaccines were administered, but no record is available (Physician in the United States must review and sign report below), OR
- Student was born before 1957.

Note: Vaccines should be one month apart, given on or after January 1, 1968; and/or after the student’s first birthday.

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### Box 3: Physician's/Clinic's Use Only:

**DATE OF IMMUNIZATION**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>#1</th>
<th>#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps Measles Rubella (MMR)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name &amp; Title</th>
<th>Date</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD, APRN or RN Signature</td>
<td>Official Stamp</td>
<td></td>
</tr>
</tbody>
</table>

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**TITER TEST**

Attach signed (by the MD or RN) photocopy of the Positive IgG Blood Test Results for Measles, Mumps, Rubella (MMR).

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This form may be rejected if it is not fully completed and signed in both sections by an MD, DO, APRN, or PA. in the United States (other than your spouse, parent, or self). If a copy of TB Card or lab report is attached, then no signature is required.