

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.

Box 1: STUDENT INFORMATION

Name _____ UH Number or Username _____
 Last Name First Name M.I.

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Daytime Phone _____ Birthdate ____/____/____

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, Hawai'i 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.**

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. _____

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

- Proof of **one** dose of the Measles (Rubeola) 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.**

Box 3: Physician's/Clinic's Use Only:	DATE OF IMMUNIZATION		TITER TEST Attach signed (by the MD or RN) photocopy of the Positive IgG Blood Test Results for Measles, Mumps, Rubella (MMR).
	#1	#2	
VACCINE			
Measles OR	/ /	MMR Required	
Mumps Measles Rubella (MMR)	/ /	/ /	

Printed Name & Title _____ Date _____ Telephone No. _____

MD, APRN or RN Signature _____ Official Stamp _____

UH Number: _____ SOAHOLD GOAMEDI MR _____ TB _____ By/Date: _____

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.



MAUI TB & MMR Clearance

Testing Location and Telephone	Services	Hours
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
	FREE Chest X-rays	Tuesday and 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 TB skin testing TB Reading	First Tuesday of the month 1:30 PM - 2:30 PM First Thursday of the month 1:30 PM - 2:30 PM
	FREE Chest X-rays	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:** _____