

## MAUI COMMUNITY 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 OR clear photocopies of your TB and/or MMR immunization or test results must be submitted.
  3. Health clearances must be submitted before registration for ALL new, transfer, and returning students or registration will not be allowed.

- Physician's/Clinic's Instructions:** 1. Complete boxes 2 & 3. Be sure to sign and seal each section you complete.

**Box 1: Student Information**

Name \_\_\_\_\_ UH Number/Username/SSN \_\_\_\_\_  
Last Name                      First Name                      M.I.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/19\_\_\_\_

### TUBERCULOSIS CLEARANCE REQUIREMENTS

- TB clearance must be dated *within **one year** of the first day of the semester* and clearly state that the skin test or chest x-ray was negative.
- TB test and chest x-rays must be done in the continental U.S., Alaska, or Hawai'i. Tests or x-rays done anywhere else WILL NOT BE ACCEPTED.

**Box 2: For 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 (normal/abnormal): \_\_\_\_\_

M.D. or R.N. Signature \_\_\_\_\_                      Official Stamp \_\_\_\_\_

Printed Name & Title \_\_\_\_\_                      Date \_\_\_\_\_                      Telephone No. \_\_\_\_\_

### MEASLES, MUMPS, AND 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

<b>Box 3: For Physician's/Clinic's Use Only:</b>	<b>DATE OF IMMUNIZATION</b>		<b>TITER TEST</b> Attach signed (by the M.D. or R.N.) photocopy of the Positive IgG Blood Test Results for Mumps Measles Rubella (MMR).
<b>VACCINE</b>	<b>#1</b>	<b>#2</b>	
Measles <b>OR</b>	/ /	<b>MMR Required</b>	
Mumps Measles Rubella (MMR)	/ /	/ /	

M.D. or R.N. Signature \_\_\_\_\_ Official Stamp \_\_\_\_\_

Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

UH Number: \_\_\_\_\_ MR \_\_\_\_\_ TB \_\_\_\_\_  SOAHOLD  GOAMED! By/Date: \_\_\_\_\_



*This form may be rejected if it is not fully completed and signed in both sections by a M.D. or R.N. 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 on this form.*

**MAUI TB & MMR Clearance**

<b>Testing Location and Telephone</b>	<b>Services</b>	<b>Hours</b>
<p><b>Maui Community College Campus Health Center</b> 310 Ka'ahumanu Avenue Kahului, HI 96732 Telephone 984-3493</p>	<p>TB skin testing \$10.00 for UH MCC Students with Student ID number</p> <p>TB skin testing for Non-students \$35.00</p> <p>MMR - \$8.00 – by appointment with UH MCC Student ID number</p>	<p align="center">Monday - Friday 8:30 AM - 4:00 PM</p> <p align="center">No TB testing on Thursdays</p> <p align="center">Closed for Lunch 12:00 – 12:30</p> <p align="center">Appointments are recommended</p>
<p><b>Wailuku Health Center</b> 121 Mahalani Street Wailuku, HI 96793 Telephone 984-2128, 984-8260</p>	<p>FREE TB skin testing</p> <p>TB Reading</p>	<p>Tuesday 2:00 PM - 4:00 PM</p> <p>Friday 2:00 PM - 4:00 PM</p>
	<p>Chest X-rays</p>	<p>Tuesday and Friday 2:00 PM - 4:00 PM</p>
<p><b>Lahaina Comprehensive Health Center</b> Lahaina Civic Center 1830 Hono'apiilani Hwy. Lahaina, HI 96761 Telephone 662-4031</p>	<p>FREE TB skin testing</p> <p>TB Reading</p>	<p>First Tuesday of the month 1:30 PM - 2:30 PM</p> <p>First Thursday of the month 1:30 PM - 2:30 PM</p>
	<p>Chest X-rays</p>	<p>First Tuesday and Thursday of the month 1:30 PM - 2:30 PM</p>