

KAUA'I COMMUNITY COLLEGE – HEALTH CLEARANCE FORM

- Instructions:
- 1) Please read and complete the sections below and sign; return to the above address.
 - 2) Turn in TB and MMR documents or this Health Clearance Form **before** registration.
 - 3) Information below 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.

Name: _____
Last *First* *Middle*

UH Number: _____ or UH Email: _____@hawaii.edu

Mailing Address: _____ City: _____ State: _____ Zip code: _____

Email Address: _____ Daytime Phone: _____ Birthdate: _____

Tuberculosis (TB) Examination

- Test must have been given within 12 months prior to the first day of instruction.
- Examination may be a tuberculin skin test or chest x-ray.
- Certificate may be issued by the Hawai'i Department of Health or a U.S. licensed MD, DO, APRN, or PA.
- The certificate must include:
 - a. dates of administration and reading of the skin test
 - b. measurement in millimeters of the raised skin reaction
 - c. signature or stamp of the MD, DO, APRN, PA, or clinic

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: _____

Printed name of Physician/Clinic: _____ Telephone No.: _____

Official Signature: _____ Official Stamp: _____ Date: _____

Measles, Mumps and Rubella (MMR) Immunization

- Two doses of Measles vaccine are required, with at least one of the two being Measles-Mumps-Rubella (MMR) vaccine.
 1. Proof of initial measles clearance is required for the first semester.
 2. Second measles clearance must be submitted prior to registration for the subsequent semester.
- OR**
- 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.

MMR required of individuals born after 1956, or foreign immigrant. Record must include complete dates (month/day/year) for each immunization.

	DATE OF IMMUNIZATION		Positive IgG Blood Test Results for Mumps Measles Rubella (MMR)
VACCINE	#1	#2	
Measles <i>OR</i>	/ /	MMR Required	
Mumps Measles Rubella (MMR)	/ /	/ /	Attach a photocopy signed by M.D. or R.N.

MD, APRN or RN Signature: _____ Official Stamp: _____

Printed Name & Title: _____ Date: _____ Telephone No.: _____

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.