



HEALTH CLEARANCE FORM

All students must meet State of Hawaii Department of Health (DOH) Health Clearance requirements (Hawaii Administrative Rules, Title 11-157). Registration will not be allowed until all health clearances are met and submitted to KISC. These health clearances must be signed and stamped or sealed from a U.S. licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or clinic.

Name: _____

Birth Date: _____ UH ID or Username: _____

CERTIFICATE OF TUBERCULOSIS (TB) EXAMINATION

The Mantoux Tuberculin skin test (PPD) must have been given within 12 months prior to the first day of the semester. The Certificate TB examination may be issued by the Hawaii Department of Health or a U.S. licensed MD, DO, APRN, PA, or clinic. The certificate must include the date of administration and reading of the PPD, the measurement in millimeters of the induration (raised skin reaction), and the signature or stamp of the MD, DO, APRN, PA, or clinic. If the transverse diameter of induration is 10 mm or greater, a chest x-ray (within 12 months prior to the first day of semester) is also required to exclude communicable TB. Students with a past positive PPD (documented as stated above), may have a chest x-ray without a repeat skin test.

Date Given: ____/____/____

Chest X-Ray (if skin test is positive):

Date Read: ____/____/____

Date Taken: ____/____/____

Millimeter of Induration: _____

Results: _____

Name/Stamp of Physician or Clinic: _____ Phone: _____

Signature: _____ Date: _____

MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATIONS

A record of Measles, Mumps, and Rubella (MMR) immunizations, signed or stamped by a U.S. licensed MD, DO, APRN, PA, or clinic must be presented to KISC prior to the first day of the semester. This record must include complete dates (month/day/year) for each immunization. Two doses of measles vaccine are required (two shots) with at least one of the two being MMR vaccine. A blood test showing laboratory evidence of immunity to measles, mumps and rubella signed by a U.S. licensed MD, DO, APRN, PA or clinic may be substituted for a record of immunizations. Students born before 1957 are exempt from the MMR immunization requirement.

Date 1st Shot Given: ____/____/____

Blood Test (Serologic/Titer) showed evidence of immunity to MMR:
 (Attach signed (by the M.D. or R.N) photocopy of the positive IgG
 Blood Test Results for MMR.)

Date 2nd Shot Given: ____/____/____

Measles Yes No Date of Test ____/____/____
 Mumps Yes No
 Rubella Yes No

Name/Stamp of Physician or Clinic: _____ Phone: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY - Cleared By/Date: _____

Rev. 2/14/17