Health Checklist Form - Proof of Clinical Clearance

Name: ___________________________ Legal last name ___________________________ Legal first name and Middle initial(s)

UH ID#: ___________________________ Cell Phone or 1st Contact No.: ___________________________

UH e-mail Address: ___________________________@hawaii.edu Program: ___________________________

Instructions: Complete and submit all of the items listed below.

All forms may be downloaded and printed from https://www.kapiolani.hawaii.edu – Academics – Academic Programs – Nursing (Find your specific Program) – Toolbox – Health requirements

For Questions: Please contact your Health Clearance Coordinator at NURSHLTH@hawaii.edu.

Important: Please read carefully, and meet your deadlines. Communicate with your health clearance coordinator via e-mail if you do not understand the requirements or if there is an issue/problem as soon as possible.

For future references: Always submit a copy of your immunization records/health data, not your original. The Nursing Department does not make copies of any records, at any time.

American Heart Association CPR certification: BLS Provider Level

Copy of Basic Life Support (BLS) Provider American Heart Association Basic Life Support (CPR and AED) Program. Be sure the vendor you choose is an American Heart Association Authorized Training Center/Trainer. (Note: No exceptions to the above. Certifications received from an online only course will NOT be accepted).

If your card expires before the last day of the semester you are accepted into, you will need to re-take your CPR course before the semester starts. *Expiration date must be after your last day of the semester you are accepted into:

December 15 (Fall entrance), May 15 (Spring Entrance), August 25 (Summer Entrance)

Tuberculosis (TB) - [Option A or Option B]

Option A: If you have not had a positive skin test in the past:

Please note: A two-step PPD (TB skin test) consists of two injections (at least 1-3 weeks apart). Also, all indurations must be reported even if the reading is negative (0mm – 9mm)

Choose one of the following:

I. A copy of your current two-step PPD (within 7 months to the start of your program) with negative results

OR

II. A two-step TB test within the last 365 days prior, and a copy of a single negative PPD test (within 7 months of the start of your program)

OR

III. A copy of a past two-step PPD skin test with two consecutive years of a negative TB skin tests (e.g., current TB skin test (within 7 months to the start of your program) with another TB skin test completed within 365 days prior).

Option B: If you've had a positive skin test:

Provide the date with induration size (i.e. 10mm or more) AND a current negative Chest x-ray result (within 12 months to the start of your program), you may be required to submit updated current chest x-ray and waiver form if required by a clinical agency. You must also complete the KCC chest x-ray waiver form, HPH TB Questionnaire form, Castle Questionnaire, and Queens Questionnaire, and Tripler Army Medical Center (TAMC) TB Risk Assessment Tool (To be signed by a health care professional (TAMC only)).

Tetanus, Diphtheria, and Pertussis (Tdap)

Copy of proof of Tdap vaccination for tetanus, diphtheria and pertussis. You must have at least one (1) Tdap on file: Tdap expires every 10 years from the date given. You may update Tdap with a Tetanus and Diphtheria (TD) vaccination, if your Tdap expired.

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**Varicella Immunity**

**Having two injections or history of the disease is not enough.**

You need to titer (blood test) for the Varicella Antibody after you’ve received 2 Varicella vaccinations. If you had the chicken pox disease without immunizations, you may titer. If the results are negative or equivocal then you need to begin the immunization process (two vaccinations total). Please work with your physician on the specifics as far as time intervals.

**If you have a positive Varicella Antibody titer, you may submit this as proof of immunity and no further action is necessary.** Please submit a copy of your positive titer results.

**Measles, Mumps, Rubella (MMR) Immunity**

**Having two injections is not enough.**

You need to titer (blood test) for the Measles Antibody, Mumps Antibody and Rubella Antibody after you’ve received 2 MMR vaccinations. Please work with your physician on the specifics as far as time intervals or if you’ve had the disease.

**If you have a positive titer for all three (Measles, Mumps, and Rubella), no further action is required.** Please submit a copy of your positive titer results.

**Hepatitis B Immunity**

**Having three injections is not enough.**

You need to titer (blood test) for the Hepatitis B Surface Antibody (HbsAb) after you have received three Hepatitis B vaccinations. Please work with your physician on the specifics as far as time intervals. If you are negative or equivocal after three vaccinations, you need to begin with your first vaccination, and communicate with your health clearance coordinator for further instructions.

**If you have a positive titer for HbsAb, no further action is required.** Please submit a copy of your positive titer results.

**Personal Insurance**

- A copy of your personal insurance card (Back, and Front)

**Influenza Vaccination (Fall through Spring): Current vaccination available every August through May**

- **Copy of proof of vaccination.** This should state that the flu shot was administered to you, on a specific date. If you have a severe allergic reaction or contraindication, please obtain a note from your doctor. A mask during clinical may be required by the facility.

**Understanding and Agreement Form:** *(See page 1 for Instructions to download forms)*

- Original, signed and dated

**KCC’s Physical Examination Form:** *(Physical examination must be completed within 6 months to start of program)*

- Original KCC form, completed by your HCP verifying ability to perform program activities.

**Medical Consent Form:** Choose A or B

- Original, signed and dated

**Exclusion of Worker’s Compensation Form:**

- Original, signed and dated

**Document Release Form:**

- Original, signed and dated

**Health Documentation Submission Agreement 1:**

- Original, signed and dated

**Health Documentation Submission Agreement 2:**

- Original, signed and dated

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**Please return this CHECKLIST FORM and ALL REQUIRED documentation:**

You may drop off forms in the Purple Health Document mailbox located in the Kōpiko Building, Room 201 (Please place in an envelope prior to submission) at the KCC Campus.

**OR**

Mail out at least one (1) week prior to deadline to:

Kapi‘olani Community College
Nursing Department, Kopiko Building, Room 201
Attention: Health Clearance Coordinator
4303 Diamond Head Road, Honolulu, HI 96816

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