

ADMISSIONS OFFICE

University of Hawai'i • Honolulu Community College
 'Olani Bldg. (Bldg. 6), 1st Floor • 874 Dillingham Blvd, Honolulu, HI 96817
 Phone: (808) 845-9129 • Fax: (808) 847-9829 (*preferred*) • honcc@hawaii.edu

FALL 20 ____ SPRING 20 ____ SUMMER 20 ____

HEALTH CLEARANCE FORM

All students must meet State of Hawai'i Department of Health (DOH) Health Clearance requirements (Hawai'i Administrative Rules, Title 11-157). Registration will not be allowed until all health clearances are met and submitted to the Admissions Office for ALL new, transfer, and returning students. These health clearances must be signed by a U.S. licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Clinic. Tests or x-rays done elsewhere WILL NOT BE ACCEPTED. After you have been accepted to Honolulu Community College, you can check the status of your health clearance holds through your MyUH portal account (myuh.hawaii.edu).

NAME: _____ **Birth Date:** ____/____/____ **UH ID/USERNAME:** _____
Print Last Name, First Name, Middle Initial MM/DD/YY

TUBERCULOSIS (TB) CLEARANCE

The Mantoux Tuberculin skin test (PPD) must have been given at the age of 16 or older and/or within 12 months prior to the first day of the semester. The certificate must include the date of administration and reading of the PPD, the measurements in millimeters of the induration (raised skin reaction). If the transverse diameter of induration is 10 mm or greater, a chest x-ray (within 12 months prior to the first day of the term) 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. **Photocopy of State of Hawai'i TB card may be attached in lieu of MD signature to meet this requirement.**

Students with TB test over 1 year old who attended College or post-secondary educational program in Hawaii prior to HonCC, please attach: (1) initial TB test results used to attend prior classes and (2) proof of attendance within 12 months of initial TB test (grade report, transcript, diploma, certificate, etc.)

OR, in place of a TB reading, students can submit a DOH Risk Assessment Form directly from their physician's office or the Department of Health.

		EVIDENCE OF TB CLEARANCE		
Option #1	Mantoux PPD	Date Given: / /	Date Read : / /	Results: mm
Option #2	Chest X-Ray (if skin test is ≥ 10mm or past positive)	Date Taken: / /	Results:	

Stamp of Physician/Clinic: _____ Phone: _____

Signature: _____ Date: ____/____/____

MEASLES, MUMPS, RUBELLA (MMR) CLEARANCE

Students born *before* 1957 are exempt from the MMR immunization requirement. Students are considered immune to MMR if they submit documentation of:

1. Receiving two doses of MMR vaccine at least 4 weeks apart, with the first dose given on or after 12 months of age,
2. Receiving one dose of Measles vaccine and one dose of MMR vaccine at least 4 weeks apart, or
3. Laboratory (blood test) evidence of MMR Immunity. **ATTACH laboratory report.** Physician/Clinic interpretation, stamp, and signature required.

Note: Vaccines should be one month apart, given on or after January 1, 1968; and/or after the student's first birthday.

		DATES OF IMMUNIZATIONS / BLOOD TESTS			
Option #1	1st MMR	/ /		2nd MMR	/ /
Option #2	Measles (Rubeola)	/ /		MMR	/ /
Option #3	MMR IgG Blood Tests (attach lab report & note results with Physician/Clinic signature)	Measles <input type="checkbox"/> Pos <input type="checkbox"/> Neg / /		Mumps <input type="checkbox"/> Pos <input type="checkbox"/> Neg / /	Rubella <input type="checkbox"/> Pos <input type="checkbox"/> Neg / /

Stamp of Physician/Clinic: _____ Phone: _____

Signature: _____ Date: ____/____/____

This form may be rejected if it is not fully completed, STAMPED, and SIGNED by authorized health professionals within the U.S. (other than your spouse, parent, or self). Additional verification documents may be requested as needed.

KEEP YOUR ORIGINALS—once submitted, duplicate copies will not be provided. If you need to submit health clearance verification documents to another institution or third party and misplaced your originals, please contact the medical facility that initially provided the health clearance.