

- Fall 20 \_\_\_\_\_
- Spring 20 \_\_\_\_\_
- Summer 20 \_\_\_\_\_



UNIVERSITY of HAWAII  
SYSTEM

**HEALTH IMMUNIZATION CLEARANCE FORM**

The State of Hawai'i Department of Health (DOH) Hawai'i Administrative Rules, Title 11 (Chapter 157 and 164.2) requires certain health requirements be met for attendance to a post-secondary institution. Registration is not allowed until all health clearances are met and submitted to the Admissions and Records Office. Health clearances must bear the signature of the practitioner, stamp, or imprinted name of the department or practitioner or name of licensed facility. A practitioner is a physician, advanced practice registered nurse (APRN), or physician assistant (PA) licensed to practice in the United States. ***This form may be rejected if it is not fully completed and signed in both sections by a U.S. licensed medical practitioner.***

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_ UH ID: \_\_\_\_\_  
Print Student Last Name, First Name MI

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_ Are you an international student:  
Yes No

**TUBERCULOSIS (TB) CLEARANCE**

I have evaluated the individual named above using the process set out in the State of Hawai'i DOH TB Clearance Manual and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawai'i Administrative Rules.

TB Screening Date: \_\_\_/\_\_\_/\_\_\_\_\_  Negative TB risk assessment Positive test for TB infection, and negative chest x-ray  
 Negative IGRA (QuantIFERON / T-SPOT) blood test  Negative test for TB infection

This TB clearance provides a reasonable assurance that the individual was free from tuberculosis disease at the time of the exam. This does not imply any guarantee or protection from future tuberculosis risk.

Signature or Stamp of Practitioner: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Print Name of Practitioner: \_\_\_\_\_ Healthcare Facility: \_\_\_\_\_

**IMMUNIZATION**

Immunizations shall include the complete date the vaccine was administered. All immunizations must meet the minimum ages and minimum intervals between doses. For a Religious exemption, see the Admissions and Records Office for the appropriate exemption form. For Medical Exemptions, see a U.S. licensed practitioner. Please refer to the Hawai'i Department of Health for guidelines on Immunization Requirements and Exceptions to these requirements.

- 1) Tdap (Tetanus-diphtheria-acellular pertussis) 1 dose:** Date: \_\_\_/\_\_\_/\_\_\_\_\_
- Note: Valid Tdap dose must be administered on or after 10 years of age. Do not confuse with DTaP (administered to children 0-6 years of age). Tdap was licensed for use in the U.S. in 2005. Doses recorded as "Tdap" with an administration date in the U.S. prior to 2005 should not be counted.
- 2) MMR (Measles, Mumps, Rubella) 2 doses:** Dose 1 Date: \_\_\_/\_\_\_/\_\_\_\_\_ Dose 2 Date: \_\_\_/\_\_\_/\_\_\_\_\_
- Note: Mumps titers are no longer accepted for proof of immunity. Exceptions: Born before 1957
- 3) Varicella (chickenpox) 2 doses:** Dose 1 Date: \_\_\_/\_\_\_/\_\_\_\_\_ Dose 2 Date: \_\_\_/\_\_\_/\_\_\_\_\_
- Note: Titers are not accepted for proof of immunity. Exceptions: History of Varicella disease or Herpes Zoster \_\_\_/\_\_\_/\_\_\_\_\_  
 Born in U.S. before 1980

Signature of Practitioner: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Printed Name/Stamp of Practitioner: \_\_\_\_\_ Healthcare Facility: \_\_\_\_\_

Office Use Only:  TB  TB15  MR  VC  TD MCV  GOAMEDI  SOAHOLD  OnBase

Add'l Notes: \_\_\_\_\_