



HAWAI' COMMUNITY COLLEGE HEALTH CLEARANCE REQUIREMENTS

NAME: _____ BIRTHDATE: _____ SSN: _____
Last (Family Name) First

I. TUBERCULOSIS (TB) CLEARANCE

STUDENTS: A Tuberculin skin test (PPD - Mantoux) done within one year prior to enrollment. If positive, a chest x-ray is required. TB tests and chest x-rays must be done in the continental U.S., Alaska, or Hawaii. Tests or x-rays done anywhere else WILL NOT BE ACCEPTED.

PPD (MANTOUX):

Date Given: _____ Date Read: _____ Results (in mm): _____

Name of Physician/Clinician Signature Date

Address City State Zip Code

CHEST X-RAY (if skin test is positive):

Date X-Ray taken: _____ Results: _____

Name of Physician/Clinician Signature Date

Address City State Zip Code

STUDENTS FROM OUTSIDE THE CONTINENTAL U.S., ALASKA, OR HAWAII: Upon arrival on campus, you may go to the Student Health Service for a skin test. If the test is positive, a chest x-ray will be required.

II. MEASLES, MUMPS, RUBELLA (MMR):

All students born after 1956 must present proof of immunity to measles, mumps, & rubella (MMR). Students are considered immune to MMR if they submit documentation of:

1. Receiving two doses of MMR vaccine at least one month apart, on or after their first birthday, or
2. Receiving one dose of MMR vaccine and one dose of measles vaccine at least one month apart, or
3. Physician diagnosed MMR diseases, or
4. Laboratory (blood test) evidence of MMR immunity.

History of Immunization, disease, or blood test result:

Vaccine	Initial Series	Booster	Booster	Date of Diagnosis	Test Results
MMR					
Measles (rubeola)					

Name of Physician/Clinician Signature Date

Address City State Zip Code

* Acceptable proof of immunization and /or disease history must be one or more of the following:

1. Completion of this section of the form, by a health care provider, with the provider's name, address and signature.
2. A copy of a school or public health immunization record.
3. A copy of a health care provider's record.