

KAPI'OLANI COMMUNITY COLLEGE – HEALTH CLEARANCE FORM

- Student Instructions:**
1. Complete the box 1 by filling in your personal information.
 2. Information in boxes 2 & 3 must be completed by a physician/clinic in the United States OR clear photocopies of your TB and/or MMR immunization or test results must be submitted.
 3. Health clearances must be submitted before registration for ALL new, transfer, and returning students or registration will not be allowed.

Physician's/Clinic's Instructions: 1. Complete boxes 2 & 3. Be sure to sign and seal each section you complete.

Box 1: Student Information

Name _____ UH Number/Username/SSN _____
Last Name First Name M.I.

Mailing Address _____ City _____ State _____ Zip code _____

Email Address _____ Daytime Phone _____ Birthdate ____/____/19____

TUBERCULOSIS CLEARANCE REQUIREMENTS

- TB clearance must be dated *within **one year** of the first day of the semester* and clearly state that the skin test or chest x-ray was negative.
- TB test and chest x-rays must be done in the continental U.S., Alaska, or Hawai'i. Tests or x-rays done anywhere else **WILL NOT BE ACCEPTED.**

Box 2: For Physician's/Clinic's Use Only:

TB (PPD-MANTOUX) Date given: _____ Date read: _____ Results (in mm): _____

OR

CHEST X-RAY (if skin test is positive) Date x-ray taken: _____ Results (normal/abnormal): _____

M.D. or R.N. Signature _____ Official Stamp _____

Printed Name & Title _____ Date _____ Telephone No. _____

MEASLES, MUMPS, AND RUBELLA (MMR) CLEARANCE REQUIREMENTS (One of the following):

- Proof of **one** dose of the Measles (Rubeola) vaccine, and **one** dose of Measles/Mumps/Rubella (MMR) vaccine, **OR**
- Proof of **two** doses of the Measles/Mumps/Rubella (MMR) vaccinations, **OR**
- Positive Measles Mumps Rubella (MMR) IgG blood test report if student had diseases, or if vaccines were administered, but no record is available (Physician in the United States must review and sign report below), **OR**
- Student was born before 1957.

Note: Vaccines should be one month apart, given on or after January 1, 1958; and/or after the student's first birthday

| | | | |
|--|-----------------------------|---------------------|--|
| Box 3: For Physician's/Clinic's Use Only: | DATE OF IMMUNIZATION | | TITER TEST Attach signed (by the M.D. or R.N.) photocopy of the Positive IgG Blood Test Results for Mumps Measles Rubella (MMR). |
| VACCINE | #1 | #2 | |
| Measles OR Mumps Measles Rubella (MMR) | / / | MMR Required / / | |

M.D. or R.N. Signature _____ Official Stamp _____

Printed Name & Title _____ Date _____ Telephone No. _____

FOR OFFICE USE ONLY UH Number: _____ SOAHOLD GOAMEDI By/Date: _____

This form may be rejected if it is not fully completed and signed in both sections by a M.D. or R.N. in the United States (other than your spouse, parent, or self). If a copy of TB Card or lab report is attached, then no signature is required on this form.

O'ahu TB Clearance

Log on to <http://www.hawaii.gov/health/family-child-health/contagious-disease/tb/oahu.html> for the most update listing

| Testing Location and Telephone | Services | Hours |
|---|----------------------|--|
| Lanakila Health Center 1700 Lanakila Avenue, Ground Floor Honolulu, HI 96817 Telephone 832-5731 | TB skin testing | Monday, Tuesday, Wednesday, Friday 7:45 AM - 3:00 PM No TB testing on Thursdays. |
| | Chest X-rays | Mon, Tues, Wed, Fri 7:45 AM - 3:00 PM Thursdays 7:45 AM - 2:00 PM |
| Diamond Head Health Center 3627 Kilauea Ave., Room 302 Honolulu, HI 96816 Telephone 733-9220 | TB skin testing only | Tuesday 2:00 PM - 4:00 PM |
| Windward Health Center 45-691 Kealahala Road Kaneohe, HI 96744 Telephone 233-5450 | TB skin testing only | Tuesday 1:30 PM - 3:30 PM |
| Wahiawa Nursing Office 910 California Ave., Room 119 Wahiawa, HI 96786 Telephone 622-6445 | TB skin testing only | Monday 2:00 PM - 4:00 PM |
| Waipahu Civic Center 94-275 Mokuola St., Room 101 Waipahu, HI 96797 Telephone 675-0080 | TB skin testing only | Wednesday 2:00 PM - 4:00 PM |
| Waianae Community Services Center 85-670 Farrington Hwy., Room 7 Waianae, HI 96792 Telephone 697-7839 | TB skin testing only | 2nd Wednesday each month. 2:00 PM - 3:00 PM |
| | | 3rd Tuesday each month. 2:00 PM - 3:00 PM (effective 8/1/05) |

MMR Clinics on O'ahu – After 12/31/2007, you may be charged a fee. Contact the clinics below for more details.

| Facility | Contact | Phone | Address |
|--|----------------|----------|--|
| Aloha Medical Mission Clinic | Celeste Ibara | 841-4489 | 810 N. Vineyard Blvd Honolulu, HI 96817 |
| Hawaii Home Project | Jill Omori | 221-0685 | 651 Ilalo St Honolulu, HI 96813 |
| Kalihi-Palama Health Center | Ivi Muasau | 843-7247 | 915 N. King St. Honolulu, HI 96817 |
| Koolauloa Community Health & Wellness Center | Teri Thompson | 293-9216 | PO Box 395 Kahuku, HI 96731 |
| Physician Center at Mililani | Gail Kaneshige | 627-3200 | 95-390 Kuahelani Ave Mililani, HI 96789 |
| Queen Emma Clinics - Women's Health | Alan Terada | 547-4810 | 1301 Punchbowl St Honolulu, HI 96813 |
| Waianae Coast Comprehensive Health Center | Dolores Tong | 696-0628 | 86-260 Farrington Hwy Waianae, HI 96792 |
| Waikiki Health Center | Daryl Apostol | 922-4787 | 277 Ohua Ave Honolulu, HI 96815 |
| Waikiki Health Center - Care a Van | Darleen Hein | 791-9380 | 1640 S. King St Honolulu, HI 96826 |
| Waikiki Health Center - Ho'ola Like Clinics | Darleen Hein | 791-9380 | 1640 S. King St Honolulu, HI 96826 |
| Waimanalo Health Center | Anita Nakamura | 259-7948 | 41-1347 Kalaniana'ole Hwy Waimanalo, HI 96795 |

In order to be eligible to receive the state-provided MMR vaccine at no cost, students must:

- 1) Be newly enrolled at a Hawaii post-secondary school with either an acceptance letter or referral letter from the school; AND
- 2) Currently have no health insurance, or have insurance that does not cover the MMR vaccine; AND
- 3) Be registered at a school that does not have an on-site student health clinic for vaccine administration.