



HEALTH CLEARANCE FORM

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Measles/MMR Immunization

Two doses of live measles vaccine are required, with at least of the two being an MMR (Measles, Mumps, and Rubella). Measles immunization may be waived if (a) student was born before 1957; (b) there was documented history of disease; (c) there is serologic evidence of immunity

COMPLETE ONE OF THE FOLLOWING:

1. Proof of two MMR immunizations:

First Dose: \_\_\_\_\_ Second Dose: \_\_\_\_\_ MONTH/DATE/YEAR MONTH/DATE/YEAR

2. Measles (Rubeola) vaccine: 1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 2) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Mumps vaccine: 1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rubella vaccine: 1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Antibody titers:

Measles: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Titer results: \_\_\_\_\_ Mumps: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Titer results: \_\_\_\_\_ Rubella: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Titer results: \_\_\_\_\_

4. Date of Disease: \_\_\_\_\_

Tuberculin Examination

A Tuberculin skin test (PPD – Mantoux) within one year prior to enrollment is required. Skin test results must be read in 48 to 72 hours. If positive, a chest x-ray is required. \*If you attend more than six months in our program, you will be required to take an additional TB test in the State of Hawaii.

SKIN TEST (PPD – Mantoux)

Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

RESULTS: Positive Negative

Reaction boxes

(Please indicate the size of reaction, in mm)

CHEST X-RAY (if skin test is positive)

Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

RESULTS:

Revealed no abnormalities Others (Explain)

\*Does the Student have any significant medical conditions or disabilities that would limit participation in academic and/or physical activities? (Specify) \_\_\_\_\_

\* Any other comments on the Student's Health: \_\_\_\_\_

Signature of the Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician and/or Clinic/Hospital Telephone Number

Address City State Zip Country

