



Hawaii English Language Program (HELP)
1395 Lower Campus Road, MC 13-1 ▪ Honolulu, HI 96822
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Email: eslhelp@hawaii.edu ▪ Website: www.hawaii.edu/eslhelp

HEALTH CLEARANCE REQUIREMENT

It is a requirement of the Hawaii State Department of Health that all students submit a proof of **measles immunization** and a valid **TB (Tuberculosis) clearance**. (Hawaii Administrative Rules, DOH Title 11, Chapter 157)

Please complete the Health Clearance Form (back side). You need to take this form to your physician and get a verification of your immunizations OR obtain the measles/MMR immunizations. Your physician's signature is required on the form.

1. Measles Immunization Requirement

Two doses of measles vaccine are required, with at least one of the two being MMR (Measles-Mumps-Rubella) vaccine. A record of immunizations must be presented for school attendance. This record must include complete dates (month, day, year) for each required immunization and must be certified by a physician.

2. Tuberculosis Clearance

You must take the Health Clearance Form (back side) to your physician and take either a Tuberculin skin test or a chest x-ray test. Please do not send the copy of the chest x-ray. If your skin test result shows that you are POSITIVE, you must submit chest x-ray results. Your TB test results must be dated within one year before the HELP term begins.

In addition, if you attend more than six months in our program, you will be required to take addition TB test in the State of Hawaii.

Please keep in mind that you must submit Health Clearance Form with your HELP application. You will not be able to attend our program without completing this form. All the information you provide will be treated confidentially and does not become a part of your academic records.

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 addition TB test in the State of Hawaii.*

SKIN TEST (PPD – Mantoux)

Date Given: _____ / _____ / _____
RESULTS: Positive Negative

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(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

University of Hawaii at Manoa
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Address

City

State

Zip

Country
