



UNIVERSITY
of HAWAII®
HILO

MANDATORY HEALTH REQUIREMENTS FORM

This information is confidential and does not become part of your academic record.

Web: hilo.hawaii.edu/studentaffairs/health/

Deadlines: Fall Semester-July 1 Spring Semester-December 1

RETURN TO:
University of Hawai'i at Hilo
STUDENT MEDICAL SERVICES
 200 W. Kawili St.,
 Hilo, HI 96720-4091
PHONE: (808) 974-7636
FAX: (808) 933-0868

Name _____ UH ID # _____
Last (Family Name) First Middle

Permanent Address _____
Street City State Zip (Country)

Local Address _____
Street City State Zip (Country)

Local Phone # (_____) _____ Expected date of enrollment: Fall Spring _____ (year)
Area Code

Date of Birth ____/____/____ Gender: F M Country of Birth _____
Month Day Year

Mandatory Health Requirements

*The State of Hawai'i mandates that certain health requirements be met for entrance to post-secondary educational institutions. (Hawai'i Administration Rules, DOH Title 11, Chapter 157) **You may not register until these requirements are met.***

- Submit **one or more** of the following as acceptable proof of immunizations and/or disease history:
- 1) Completion of this form by a healthcare provider including the provider's name, address, phone number and signature at the bottom OR
 - 2) A copy of a school or public health immunization record OR
 - 3) A copy of a healthcare provider's record.

I. TUBERCULOSIS CONTROL:

U.S. STUDENTS: A Tuberculin skin test (PPD - Mantoux) OR Chest X-ray within one year prior to initial attendance is required. If the skin test is positive, a chest x-ray is required.

INTERNATIONAL STUDENTS: All students must have a skin test performed in the United States or its Territories. Submit this form by the required deadline without the tuberculin test results. Upon arrival on campus, skin tests are given at the Student Medical Services. A follow-up x-ray may be required.

TB Test/PPD/MANTOUX: Date Given _____ Date Read _____ Results (in mm) _____

CHEST X-RAY (if skin test is positive): Date taken _____ Results _____

II. MEASLES (Rubeola), MUMPS, RUBELLA (German Measles):

Two doses of live measles vaccine are required, with at least one being an MMR. **First dose must have been given after January 1, 1968, and on or after first birthday**, and second dose must have been given at least 4 weeks after the first dose. MMR immunizations may be waived if: a) student was born before 1957 OR b) submits serologic evidence (titer) of immunity to measles, mumps, and rubella.

Complete ONE of the following:

1) 2 MMR immunizations Date 1) ____/____/____ 2) ____/____/____ OR

2) 1 MMR Date 1) ____/____/____
 1 Measles vaccine Date 1) ____/____/____ OR

3) Antibody Titers Measles Date ____/____/____ Titer results _____
 Mumps Date ____/____/____ Titer results _____
 Rubella Date ____/____/____ Titer results _____

Name of Physician/Clinic Signature Date

Address City State Zip Code

