

Address

## 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

coal Address    Street   City   State   Zipi						
permanent Address    Stored   City   State   Zipi					UH ID #	
Size   City   State   Zip   cal Address   Street   City   State   Zip   cal Phone #   Expected date of enrollment:   Fall   Spring    steet of Birth   Day   New   Gender:   F   M   Country of Birth    Mandatory Health Requirements  we State of Hawai'i mandates that certain health requirements be met for entrance to post-secondary educational institutions.   awai'i Administration Rules, DOH Title 11, Chapter 157)   You may not register until these requirements are met.  Jubmit 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.  TUBERCULOSIS CONTROL:  U.S. STUDENTS: A Tuberculin skin test (PPD - Mantoux) OR Chest X-ray within one year prior to intial 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 taken Results (in mm)  CHEST X-RAY (if skin test is positive): Date taken Results  BEASLES (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 at least 4 weeks after the first dose immunizations may be waived it: a) student was born before 1857. OR b) submits serologic evidence (titer) of immunity to mer mumps, and rubella.  Complete ONE of the following:  1) 2 MMR Date 1) / / / OR  3) Antibody Titers Measles Date / / Titter results  Mumps Date / / Titter results  Mumps Date / / Titter results	, ,	First		Middle		
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Mumps Date/ Titer results  Rubella Date/ Titer results						
Rubella Date/ Titer results						
		Rubella	Date/	/ Titer results		
Name of Physician/Clinic Signature Date	Name of Physician/Clinic		Signature			Date

City

State

Zip Code

## **OPTIONAL HEALTH HISTORY FORM**

Nar	ne							Birthda	ate			UH ID#		
Authorization and Consent for Treatment of Minors  To be completed by Parent or Guardian if the student will be under the age of 18 when seeking health services from the University.  I, the parent/legal guardian of (print student's name), in consideration of the services rendered by the University of Hawai'i at Hilo Student Medical Services (hereafter UHHSMS), hereby voluntarily and knowingly, authorize and give my express consent to the UHHSMS for the administration of TB tests, immunizations, medical treatment for minor illnesses or injuries, and emergency care to the above named student as deemed necessary by the UHHSMS staff.								Addr State	In Case of Emergency, Notify:  Name					
SI	GNATURE	OF PARENT (	OR LEG	AL	GU	ARDIAN	DATE							
These immunizations are not required, but highly recommended. Provide this information if available.														
Ž					Init	ial Date		Boos	ter		Boos	ter	Boo	ster
MMINIZATIONS	Tetanu	s/Diphtheria												
	Polio													
	Hanati	tio A												
	Hepatit													
) }	Hepatit	tis B												
2	Varicel	la												
	Meningoccocal													
								Jorgo	201	History				
11-				<u>,                                    </u>	N.I.	Allows's to O's Lot			_	1				
_	ve you had			Υ	IN	Allergic to (list ot	ners):	Y	N	Surgery (s	specify):			
Measles Disease (rubeola)  German Measles Disease  Penicillin														
Mumps Disease Sulfa														
	icken Pox													
	laria													
Tuk	erculosis													
_		elaborate o		_		answers.	ast five ye	ears? (C	aive	reasons an	d durations.)			
B. Have you received treatment or counseling for an alcohol, drug-related or emotional problem? (Give details.)														
(	C. Do you h	have a history	of any s	seve	ere	or chronic condition	on? (Give	details)						
ı	D. Do you h	nave any pre-e	existing	me	dic	al conditions we s	hould be a	aware o	f? (	Give details	s)			