University of Hawai‘i at Mānoa
University Health Services
1710 East-West Road, Honolulu, Hawai‘i 96822
(808) 956-8965 FAX: (808) 956-3583

Dear Entering Students:

Welcome to University of Hawai‘i at Mānoa!

The University Health Services Mānoa (UHSM) is located on campus near the Kennedy Theater. A professional staff of physicians and nurses provide for the health needs of the students. UHSM has a general medical clinic for walk-in care and specialty clinics by appointment, including women's health, sports medicine, dermatology, psychiatry, and nutritional counseling. We have a laboratory and pharmacy. Please visit our web site at http://www.hawaii.edu/shs to learn more about us.

HEALTH CLEARANCE REQUIREMENTS

The State of Hawai‘i mandates that certain health requirements be met for entrance to post-secondary educational institutions. (Hawai‘i Administrative Rules, DOH Title 11, Chapter 157) All students, including faculty/staff enrolled as students, must comply with health clearance requirements by completing the Health Clearance Form and Immunization Record and returning it by mail or fax to the Health Services. Please follow instructions for Tuberculosis Clearance and Immunization Requirements carefully. **Observe the deadline - You may not register for classes until you have received health clearance.**

1) TUBERCULOSIS CLEARANCE

U.S. Students: A tuberculin skin test (PPD/Mantoux) or chest x-ray done in the **United States** or by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.) within one year prior to enrollment. If positive, a chest X-ray is required.

Students Coming from Foreign Countries: All students must receive a tuberculin skin test or chest x-ray performed by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.). The U.S. licensed healthcare practitioner must document the state he/she is licensed and license number. Upon arrival in Honolulu, skin tests may be administered at the University Health Services, the State Department of Health, or a private physician's office. If positive, a chest X-ray is required. **NOTE: The tuberculosis requirements must be completed to register for classes.**

Returning or Transferring Students from a post-secondary school in Hawai‘i: When a student subsequently re-enrolls or enrolls in another post-secondary school in Hawai‘i, a copy of the original certificate shall meet this Tuberculosis requirement for certification. The student must have a Tuberculosis certificate done in Hawai‘i. Students with history of a positive PPD and negative chest x-ray must complete and return the "Tuberculosis Symptom Screening" form. This form can be found on our website: http://www.hawaii.edu/shs under download.

2) MEASLES, MUMPS, AND RUBELLA IMMUNIZATIONS

Two doses of measles vaccine are required, with at least one of the two being an MMR (Measles, Mumps, and Rubella). First dose must have been given as of January 1, 1968, and on or after the first birthday. A second dose must have been given at least 4 weeks after the first dose. Measles, Mumps and Rubella immunizations may be waived if: 1) Student was born before 1957, or 2) Student has physician confirmed diagnosis of disease, or 3) There is serologic evidence of immunity (positive antibodies) to measles, mumps, and rubella.

Although not required for enrollment, it is highly recommended that students should also receive the following immunizations: **a)** Hepatitis A and B, **b)** Tetanus/Diphtheria/Pertussis, **c)** Polio and, **d)** Meningococcal. We especially urge students who intend to live in the residence halls to consider the **Meningococcal vaccination,** as there is an increased risk of this highly contagious disease in this campus population.

Mail or fax form to:
University of Hawai'i
University Health Services
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HEALTH CLEARANCE FORM

URGENT DEADLINES TO SUBMIT HEALTH FORMS: **FALL SEMESTER: JULY 15**
SPRING SEMESTER: DEC. 2

This information is treated confidentially and does not become a part of your academic records. Please type or print answers in English using **black ink**.

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

DATE OF BIRTH ____/_____/____ SEX: F ☐ M ☐

PERMANENT HOME ADDRESS_____
Street

_____ TELEPHONE (_____)_____
City State Zip Code Area Code

LOCAL ADDRESS_____
Street City State Zip Code

TELEPHONE (_____)_____ CELL PHONE (_____)_____
Area Code Area Code

EXPECTED DATE OF ENROLLMENT: _____/_____/_____ Previously enrolled at a UH Community College: no ☐ yes ☐
Year: _____ Semester:_____

IN CASE OF EMERGENCY NOTIFY: NAME: _____RELATIONSHIP_____

PHONE: (H)(_____)_____ (W)(_____)_____ (CELL)(_____)_____
Area Code Area Code Area Code

DO YOU HAVE ANY SIGNIFICANT MEDICAL CONDITIONS OR DISABILITIES THAT WOULD LIMIT PARTICIPATION IN ACADEMIC AND/OR PHYSICAL ACTIVITIES? (Specify)_____
_____Drug Allergy _____

STUDENT SIGNATURE: _____DATE: _____

AUTHORIZATION AND CONSENT FOR TREATMENT OF MINORS - To be completed by a parent or guardian if the student will be under the age of 18 when seeking health services from the University of Hawai'i.

I, the parent/legal guardian of (PRINT STUDENT NAME)_____, in consideration of the services rendered and of the facilities provided by the University of Hawai'i Health Services, hereby voluntarily and knowingly authorize and give my express consent to visit, or visits when either unaccompanied or accompanied by myself or another adult while in transit to, from, or in attendance at the University of Hawai'i, for the purpose of clinical observation, and/or the administration of such treatment, and the taking of whatever X-Rays, injections, or drugs that may be considered necessary or desirable in the observation, diagnoses, and treatment of his/her case by the physician in attendance and/or the staff of the University of Hawai'i Health Services.

SIGNATURE OF PARENT/LEGAL GUARDIAN_____DATE:_____

Immunization Record

NAME _____ BIRTHDATE _____ UH ID# _____

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

PART I – TUBERCULOSIS CONTROL:

U.S. Students: A Tuberculin skin test (PPD-Mantoux) OR chest x-ray done within one year by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.) prior to enrollment. If positive, a chest x-ray is required. The skin test must be read 48 – 72 hours after administration and documented in millimeters (mm). **"Negative" and 4 days readings are NOT accepted**.

Students coming from Foreign Countries: All students must have a Tuberculin skin test or a chest x-ray performed by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.). The U.S. licensed healthcare provider must document the state in which he/she is licensed and the license number. A follow up chest x-ray may be required.

Returning or Transferring Students from a post-secondary school in Hawaii: When a student subsequently re-enrolls or enrolls in another post-secondary school in Hawaii, a copy of the original certificate shall meet this Tuberculosis requirement for certification. The student must have a tuberculosis certificate done in Hawaii. Students with a history of a positive PPD and negative chest x-ray must complete and return the "Tuberculosis Symptom Screening" form. This form can be found on our website: **http//www.hawaii.edu/shs** under download.

PPD (Mantoux): Date Given: _____ Date Read: _____ Results: _____ mm

Chest x-ray (if skin test is positive) Date: _____ Results: _____

PART II – MMR (MEASLES (RUBEOLA), MUMPS, AND RUBELLA):
Two doses required at least 28 days apart for students born after 1956. First dose must have been given as of January 1, 1968, and on or after the first birthday. A second dose must have been given at least 4 weeks after the first dose. Complete one of the following:

MMR vaccine dates #1 _____ #2 _____

OR

Measles Vaccine date #1 _____ #2 _____ Date of disease: _____

Mumps Vaccine date #1 _____ Date of disease: _____

Rubella Vaccine date #1 _____ Date of disease: _____

OR Antibody titer result: Circle results:	Measles (Rubeola) date and result: Date: Pos/Neg	Mumps titer date and result: Date: Pos/Neg	Rubella titer date and result: Date: Pos/Neg

The following immunizations are not required for enrollment, but are highly recommended.				
Polio	Initial Date	Booster	Booster	Booster
Varicella	Disease Date:	Titer date and result: +/-	Dose #1	Dose #2
Tetanus, Diphtheria, Pertussis One dose of Tdap for all college students, regardless of interval since last Td booster	Primary series dates		Date of most recent dose	Type of booster: Td _____ Tdap _____
Human Papillomavirus Vaccine	Dose #1	Dose #2	Dose #3	
Hepatitis A	Dose #1		Dose #2	
Hepatitis B TwinRix (Combined Hepatitis A and B)	Dose #1 Dose #1	Dose #2 Dose #2	Dose #3 Dose #3	Titer date and result: +/-
Meningococcal Quadrivalent	Initial Date			

Acceptable proof of immunization and/or disease history must be one or more of the following:
1. Completion of this form, by a healthcare provider, with the provider's name, address, phone number and signature. Include healthcare provider State and license number if coming from a foreign country.
2. A copy of a school or public health immunization record or
3. A copy of a health care provider's record.

Name of Physician/Clinician U.S. license state & number Signature Date

Address City State Zip Code

HEALTH INSURANCE

If you do not have health insurance, we highly recommend that all students obtain coverage. Health insurance is mandatory for international students and students enrolled in specific programs.

The Health Service can bill many non-HMO insurance companies for services provided at UHSM. (There are some exceptions, and we do not bill Med-QUEST, listed below.) Although you do not need to have insurance to use the on-campus health services, you will be asked to provide insurance coverage information when you visit. To expedite the clinic registration process, please complete the Insurance Information Form and return it to:

University Health Services Mānoa
1710 East West Rd.
Honolulu, HI 96822

At the Health Service, charges for uninsured students are reasonable; however, costs for off-campus care, emergencies, and hospitalization can be extremely high. we highly recommend that you obtain insurance to cover these situations.

HOW TO OBTAIN HEALTH INSURANCE COVERAGE

1) Students who have coverage through parents' employee health plans:
Under the Affordable Care Act (www.healthcare.gov), young adults will be allowed to stay on their parents' plan until they turn 26 years old (some exceptions may apply). Contact your insurance provider for specifics.

2) Students who wish to purchase their own health insurance coverage:
University of Hawai'i endorsed student health insurance plans are available for regular registered students. The current plans are provided by Hawaii Medical Services Association (HMSA). The coverage terms and premiums are very favorable. Please see our website for details. Application forms are available at the University Health Services or can be downloaded from the HMSA website at www.hmsa.com/portal/student.

3) Students who may qualify for the State of Hawai'i Med-QUEST plan.
Med QUEST is a State health insurance plan for those who meet low-income criteria. Please contact the Department of Human Services, Med QUEST Division, 801 Dillingham Blvd., Honolulu, telephone 587-3500, for application forms and eligibility determination.

4) Out-of state students and students who have non- Hawai'i or foreign insurance plans
Please review carefully the terms of your health insurance coverage. Your insurance may not cover medical services performed away from your home location and/or designated medical facilities or providers. **IMPORTANT for International Students**: The University requires that all international students maintain adequate medical health insurance and medical evacuation and repatriation coverage while attending UH. For F-1 students, go to http://www.hawaii.edu/shs for more information. For all other international students, go to the office that handles your visa for more information.

Please feel free to visit the University Health Services at 1710 East West Road. We will be happy to answer any questions you may have concerning your health care needs on campus. Telephone 956-8965. You may also visit our web site at http://www.hawaii.edu/shs. For questions on the UH Student Plan, you may also contact the Student Health Insurance Office at shio@hawaii.edu.

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HEALTH INSURANCE INFORMATION SHEET

1) PATIENT INFORMATION

NAME: Last	First	Middle	UH ID#
			___ ___ ___ ___ ___ ___ ___ ___
DATE OF BIRTH: / /	SEX:		
Local Address	City :	State: Zipcode:	Phone: ( )
Permanent address:	City:	State: Zipcode:	Phone: ( )
Occupation:			
Employer:			
Address:			Phone: ( )
EMERGENCY CONTACT:		Phone: (H) ( )	Phone: (W) ( )

2) PRIMARY INSURANCE COMPANY

Name of Insurance:	Policy or ID#:	Group #:
Subscriber:	Plan #:	Cov. Code:
Address: City: State: Zip:		
Phone: ( )	Effective Date:	Expiration Date:
Relationship to subscriber: child (c) spouse (p) self (s) other (o)		

3) SECONDARY INSURANCE COMPANY

Name of Insurance:	Policy or ID#:	Group #:
Subscriber:	Plan #:	Cov. Code:
Address: City: State: Zip:	Effective Date:	Expiration Date:
Relationship to Subscriber: child (s) spouse (p) self (s) other (o)	Insurance Company Phone: ( )	

INSURANCE CARRIER:
I hereby authorize release of information necessary to file a claim with my insurance company and **ASSIGN BENEFITS OTHERWISE PAYABLE TO ME, TO THE UNIVERSITY OF HAWAI'I AT MANOA, UNIVERSITY HEALTH SERVICES AS INDICATED ON THE CLAIM**. I understand I am financially responsible for any balance not covered by my insurance carrier.

_____ _____
Signature of Patient (Parental signature required if under 18) Date