DUE PRIOR TO FIRST DAY OF INSTRUCTION  The State of Hawaii Department of Health requires that all students meet immunization and tuberculosis examination/risk assessment requirements before attending any post-secondary school in Hawaii.

Chaminade University of Honolulu requires student health information in case of emergency or epidemic circumstances. The Chaminade University Counseling Center will have access to this information. Only distance learning students who are 100% online, do not reside on the island of Oahu, and will never step foot on any Chaminade University premises are exempt from this policy.

While Chaminade does not provide on-campus health services, there are nearby medical practitioners and clinics that provide basic services, immunizations, and lab testing for a fee.

HEALTH REQUIREMENTS CHECKLIST

Chaminade University and the Hawaii Department of Health require the following information:

- Student Contact Information
- Certification of Mantoux Tuberculin Test (TB Test) or Risk Assessment – Test/risk assessment must be taken on or after student’s 16th birthday or within 12 months of first attending any post-secondary institution in the State of Hawaii
- Evidence of Measles, Mumps, and Rubella Vaccination – A series of two (2) doses of vaccine or a record of positive titer blood test

Please send all documents to:

Chaminade University of Honolulu
Counseling Center
Student Support Services Building, Room 101
3140 Waialae Avenue
Honolulu, Hawaii 96816

Phone: (808) 739-4603  Fax: (808)739-8547
arikka.johnson@chaminade.edu

Please complete this form and submit no later than the first day of instruction. Failure to meet all University health requirements may result in a hold placed on your student account through the Office of the Dean of Students and the inability to register for future classes.
**IMMUNIZATION AND TUBERCULOSIS INFORMATION**

Options for completing this health form:

1. A medical professional (MD, DO, APRN, or PA) must complete and sign or stamp the contents of this portion of the form in order to be valid.

2. OR You may attach a copy of your records of TB (Tuberculosis) examination/assessment and MMR (Measles, Mumps, and Rubella) immunizations, signed or stamped by a MD, DO, APRN, or PA. This record must also include complete dates (month/day/year).

**TB/PPD: Mantoux Tuberculin Test and Risk Assessment**

A certificate of Tuberculosis (TB) Examination or Risk Assessment is required before post-secondary education for any course of study longer than 120 days. This requirement may not be deferred or postponed. Clearance documents may be issued by the Hawaii Department of Health or a U.S. licensed MD, DO, APRN, or PA. The test/assessment must be given on or after the 16th birthday or within 12 months of attending any post-secondary institution in the state of Hawaii. Acceptable clearance for post-secondary students includes a Negative Risk Screen, OR a Negative TB Test (TB skin test, T-Spot or Quantiferon Gold In-Tube), OR a Positive TB Test and Negative Chest X-ray. **TB clearance not needed for students taking online classes only.**

**Measles, Mumps, Rubella Vaccine (MMR or titers)**

Hawaii State Regulation states student must provide documentation of the following:

A) Two doses of measles-containing vaccine, with at least one of the two being Measles-Mumps-Rubella (MMR) vaccine. The first dose must have been given on or after 12 months of age and the second must have been given at least 4 weeks after the first dose.

B) OR Record of positive Measles Titer, Mumps Titer, and Rubella Titer. This must be supported with laboratory evidence of immunity to measles, mumps, and rubella. A laboratory report signed by an MD, DO, APRN, or PA certifying your immunity to the specified diseases is required. If your titer results show you are not immune, you must fulfill the MMR vaccinations (see A).

Students born prior to 1957 are exempt from the measles, mumps, and rubella immunization requirement.

Questions or concerns? Please contact Arikka Price Johnson, MSCP, in the Counseling Center by phone, **(808)739-4603** Monday – Friday, 9am – 5pm HST or email, arikka.johnson@chaminade.edu.
STUDENT INFORMATION

Last Name: ___________________________ First Name: ___________________________

Date of Birth: ___ / ___ / ___ (Month/Day/Year) Sex: [ ] Male [ ] Female

Address: ________________________________________________________________

City/State/Zip

Country of Origin: ___________________________ Phone Number: (___) ________

Primary Email: ___________________________ Chaminade ID No. (CID): ________________

TB/PPD: MANTOUX TUBERCULIN TEST AND RISK ASSESSMENT

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Results (MM)</th>
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<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
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______________________________________________________________________________
(Print name of authorized medical professional completing this form)

______________________________________________________________________________
(Signature/Stamp of medical professional completing this form)

Provider Address/City/State/Zip/Phone: __________________________________________

MEASLES, MUMPS, RUBELLA VACCINE (MMR)

Date Given

| MMR #1 or titers: |
| MMR #2: |

______________________________________________________________________________
(Print name of authorized medical professional completing this form)

______________________________________________________________________________
(Signature/Stamp of medical professional completing this form)

Provider Address/City/State/Zip/Phone: __________________________________________