



EAST-WEST CENTER HEALTH CLEARANCE FORM

Health clearance forms are used by the East-West Center to establish and maintain conditions for a safe and healthy environment. Your compliance in completing these forms will help assure that the Center remains safe and healthy for all.

A completed Health Clearance Form is required of all residents staying more than 30 days. Note that the Tuberculosis Clearance section must be completed and signed by a health professional. Please be sure to include the date, printed or typed name and sign at the bottom and return with your other materials.

Name: _____

Date of Birth: _____

Housing Dates: _____

1. What health problems or conditions (diseases, illnesses or injuries) have you had in the past two years?

Problem/Condition	Dates	Medical Person's Specialty	Treatments	Are you still under treatment?

2. Have any of these health problems or conditions been of a serious nature or resulted in your hospitalization?

3. Please list all health/medical problems, conditions or special needs you have which you think might affect your health or medical condition while residing at the East-West Center.

4. Tuberculosis Clearance (This is a requirement for **ALL** residents staying more than 30 days.)

Tuberculin Skin Test (PPD/Mantoux)

Skin tests from abroad are not accepted. Tuberculin (TB) skin test results must be submitted within two weeks of arrival at the East-West Center. A negative TB skin test administered in the United States up to one year prior to arrival is acceptable. If the TB test is positive, a follow-up chest x-ray is required. Record results in the spaces provided below.

University of Hawaii Health Services Medical Certificate is also acceptable.

	Material	Date Given	Date Read	Result (indicate size of reaction)
TUBERCULIN TEST				

Chest x-ray (Required if your TB skin test is positive)

Chest x-rays from abroad are not accepted. Do not send x-ray film, send only the statement of results. Submit the chest x-ray results within two weeks after receiving positive results of a skin test. Record results in the spaces provided below.

	Date	Negative or Normal	Questionable	Abnormal
CHEST X-RAY				

If interpreted as "questionable" or "abnormal", explain more fully below:

NOTE: The health professional who interprets your tuberculin skin test or x-ray must record his/her name, title, signature and address on the spaces provided below.

Health Professional's Signature

Address

Health Professional's Name and Title (Print or Type)

Date

5. "I declare that the information on this form is true and complete to the best of my knowledge and attest that I am in sufficiently good health and condition to reside in the East-West Center residence halls.

Signature

Date