

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. You can 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 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) done in the **United States** within one year prior to enrollment. If positive, a chest X-ray is required. **OR** Chest x-ray done in the **United States** within one year prior to enrollment.

**Students Coming from Foreign Countries:** All students must receive a tuberculin skin test performed within the United States. 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. Students who will not be in the United States prior to the deadline may wait to have the TB test done upon arrival. All health requirements must be met to register.

**Returning Students:** Students returning after an absence of one year or longer must update the tuberculosis clearance by providing a PPD skin test result and if positive a chest X-ray done within one year prior to current enrollment. The measles, mumps, and rubella (MMR) immunizations requirement must be fulfilled if not already previously compliant.

#### 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, 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 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.

## HEALTH SERVICES

**The University Health Services** is located on campus. Our professional staff will assist you in meeting your health care needs while you are at University of Hawaii.

Services available at the University Health Services include:

General Medical:	8 am - 4 pm Monday through Friday. Walk-in clinic for general medical care; immunizations and allergy shots; travel counseling. Phone: 956-8965
Specialty Clinics:	Sports Medicine, Dermatology, Nutritional Counseling. By appointment Phone: 956-6221
Women's Health:	Family planning services: examinations, contraception, pregnancy testing, education, counseling and referrals. By appointment Phone: 956-6221
Pharmacy:	8 am - 4 pm Prescription and over-the-counter medications
Clinical Lab:	8:30 am - 4 pm
Health Education:	Resource center; peer education; health promotion and outreach presentations on a range of health/wellness topics. Alcohol & Drug Education Program (ADEP) Phone: 956-3574 Phone: 956-5091

### **Fees and Health Insurance**

Medical services at the UHSM are based on fee-for-service and insurance billing. **Please bring your insurance card when you come in for services.** Although insurance is not required to visit UHSM, if you do not have insurance coverage you will be charged for services. (We do not accept HMO insurance, MedQuest and Medicare.) There may be separate fees for specialty clinics, family planning services, medications, lab tests and procedures not covered by your insurance plans. Rates and co-payments are reasonable, and charges are to be paid at the time of service. If you do not have medical insurance, there is a UH student plan available at a reasonable cost. Be sure to obtain adequate medical insurance coverage for services you may need outside of the Health Services.

### **After hour medical care**

Please contact your primary care physician or go to the nearest medical facility for after hour medical care. For emergencies call 956-6911 on campus or 911 off campus. Our website lists various medical facilities available for emergency care <http://www.hawaii.edu/shs/>.

Please call 956-8965 or come to the University Health Services for additional information on your health care needs. We will be happy to assist you.

**Information on the UHSM is available on the web <http://www.hawaii.edu/shs/>.**

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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: \_\_\_\_\_ Previous enrollment at UHM: no  yes  year \_\_\_\_\_  
 Name at previous enrollment if different from above \_\_\_\_\_

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:

**\*I. TUBERCULOSIS CONTROL:**

U.S. STUDENTS: A Tuberculin skin test (PPD - Mantoux) within one year prior to enrollment. If positive, a chest x-ray is required. **OR** Chest x-ray done in the **United States** within one year of enrollment.

PPD (MANTOUX): Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results (in mm): \_\_\_\_\_

CHEST X-RAY (if skin test is positive): Date X-Ray taken: \_\_\_\_\_ Results: \_\_\_\_\_

INTERNATIONAL STUDENTS: **All** students must have a skin test performed within the United States or its Territories. Submit health forms by the required deadline without the tuberculin test results. Upon arrival on campus, skin tests are given at the University Health Services. A follow up x-ray may be required.

**\*II. MEASLES (Rubeola), MUMPS, RUBELLA (German Measles):** Two doses of live measles vaccine are required, with at least one of the two being an MMR (Measles, Mumps, and Rubella). **First dose must have been given after January 1, 1968, and on or after first birthday.** The second dose must have been given at least 4 weeks after the first dose. Measles, Mumps and Rubella immunization may be waived if: 1) Student was born before 1957, or 2) Student had physician confirmed diagnosis of disease, or 3) There is serologic evidence of immunity to measles, mumps, and rubella.

**COMPLETE ONE OF THE FOLLOWING:**

1. Proof of two MMR immunizations: Date 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(mo) (day) (year) (mo) (day) (year)

2. Measles (Rubeola) vaccine 1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 2) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or Physician documentation of disease: date \_\_\_\_\_  
Mumps vaccine 1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or Physician documentation of disease: date \_\_\_\_\_  
Rubella vaccine 1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or Physician documentation of disease: date \_\_\_\_\_

3. Antibody titers: **Measles:** Date \_\_\_\_\_ titer results \_\_\_\_\_  
**Mumps:** Date \_\_\_\_\_ titer results \_\_\_\_\_ **Rubella:** Date \_\_\_\_\_ titer results \_\_\_\_\_

<i>The following immunizations are not required for enrollment, but are highly recommended</i>				
<b>Tetanus / Diphtheria</b>	Initial date:	Booster:	Booster:	Booster:
<b>Polio</b>	Initial date:	Booster:	Booster:	Booster:
<b>Hepatitis B</b>	Initial date:	Booster:	Booster:	Booster:
<b>Hepatitis A</b>	Initial date:	Booster:	Booster:	Booster:
<b>Varicella</b>	Initial date:	Booster:	Booster:	Booster:
<b>Meningococcal</b>	Initial date:	Booster:	Booster:	Booster:

**\*Acceptable proof of immunization and/or disease history must be one or more of the following:**

1. Completion of this form, by a health care provider, with the provider's name, address, phone number and **signature** in the space below.
2. A copy of a school or public health immunization record or
3. A copy of a health care provider's record.

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Name of Physician/Clinician \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_