

Student Information

Last Name/Surname

First Name

Middle Initial

Date of Birth (mm/dd/yyyy)

HPU Student ID Number

This form has been completed to the best of my knowledge, and I freely consent to this information being used for my registration at Hawai'i Pacific University.

Student Signature

Date (MM/DD/YYYY)

The following is to be completed by a US licensed practitioner/healthcare provider. Form must be completed in its entirety.

MEASLES, MUMPS, RUBELLA (MMR)

COMPLETE THE FOLLOWING:

First Dose		
Month	Day	Year
Second Dose		
Month	Day	Year

TUBERCULOSIS (TB)

COMPLETE ONE OF THE FOLLOWING:

Quantiferon Gold Test/Blood Test			
Month	Day	Year	Result (Positive/Negative)

OR

PPD Skin Test			
Month	Day	Year	Induration (mm)

Note: The skin test must be read 48-72 hours after administration and must be documented in millimeters (mm). Test results without the induration in millimeters will be rejected.

OR

Negative Chest X-Ray		
Month	Day	Year

OR

State of Hawai'i Department of Health TB Screening / Risk Assessment Form F (If completed and cleared, Form must be attached)		
Month	Day	Year

Name of Physician/Healthcare Professional

Signature

Date

U.S. State & License Number

State

Zip Code

Hawaii Pacific University

1 Aloha Tower Drive | Honolulu, Hawai'i 96813
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