

IMPORTANT INFORMATION ON INTERACTIVE PDFS

FILLING OUT THE FORM

The application you are about to view is an interactive PDF. Please complete this form by typing your information directly into the gray text fields (see **A**).

The form also contains checkboxes (click on the box to select your answer – see **B**) and drop-down menus (click on the down arrow to select your answer from the list – see **C**).

The image shows a sample form for Hawaii Pacific University International Center. The form is titled "HAWAII PACIFIC UNIVERSITY INTERNATIONAL CENTER" and features the university's logo. A large "SAMPLE" watermark is overlaid on the form. The form contains several text input fields, checkboxes, and a drop-down menu. Three red callouts labeled A, B, and C point to specific features: A points to a text input field for the student name; B points to a checkbox for the type of credit card; C points to a drop-down menu for the expiration date. The form fields include: Student name (First and Last), HPU student I.D. / Social security number, Address, Phone (Home, Business, Other), E-mail, Type of credit card (check one: Visa, Mastercard, JCB), Name of cardholder, Relation to student, Credit card number, Expiration date (Month and Year), Credit card code number, and Cardholder's billing address.

SUBMITTING THE FORM

Once you have filled out the form completely, print it out and sign it. Mail the completed application to:

International Center
Hawaii Pacific University
1164 Bishop Street #1100
Honolulu, HI 96744
U.S.A.



Hawaii Pacific University

STUDENT HEALTH INFORMATION SHEET

General Information.

Enclosed are the immunization and health forms which are required for enrollment at Hawaii Pacific University. The state of Hawaii requires all students enrolling at the University to be immunized for measles (Rubeola), and to present a valid Tuberculin (T.B.) clearance to the University by the time of enrollment. All students attending the University are strongly encouraged to have health insurance coverage. **All full-time international students are required to purchase the HPU-Kaiser Foundation Health Plan offered through the University or show proof of health insurance coverage (policy) under another approved health plan (see next section). The HPU-Kaiser Foundation Health Plan meets all standards established by the University for student health insurance and provides for comprehensive care in clinics located throughout the island of O'ahu. If you are in doubt about a health plan in your country the HPU-Kaiser plan is strongly recommended to avoid possible additional expense.**

HPU Medical Insurance Form.

Refer to separate enclosure for specific information required. Please complete this form and return it with your Immunization Record Form prior to registration for classes. **All full-time international students who do not intend to purchase the University's HPU-Kaiser Foundation Medical Health Plan, must submit a copy of their own insurance plan (policy) to be used for the semester/year to the University prior to registration for classes.**

Plans must meet the following requirements:

- Valid coverage dates for the semester(s);
- Coverage for outpatient care, hospitalization, emergency room, accidents, medical evacuation, repatriation, and surgery;
- Health plans must have a non-reimbursement policy. This means that all medical bills must be paid directly by the insurance company to the medical provider;
- Documents of proof of insurance written in English.

If you are covered by a plan through your employer or as a dependent, you must provide a statement (on letterhead paper) from either the employer through which you have obtained coverage or from the insurance company; an undated membership card usually is not adequate proof of insurance coverage. **International students, must submit documents of proof written in English. If you wish to purchase the HPU-Kaiser Health Plan, please complete the enclosed enrollment form included with this Information Sheet and return it with payment by check or bank draft (in U.S. dollars) directly to Kaiser Foundation Health Plan, Inc. So as not to delay your enrollment, you should purchase your insurance prior to registration. This can be done before arriving in Hawaii.**

Immunization Record Form.

Refer to separate enclosure for specific requirements. **If you are a U.S. citizen**, you should return the completed Immunization Record Form to the Admissions Office prior to departing for school. **International students and U.S. citizens living overseas** must complete the Tuberculin Skin Test immediately upon entry into the state of Hawaii (it takes two to three days before the skin test can be evaluated); **not in their home country**. T.B. certification issued outside of the U.S. cannot be accepted by the University. **The measles (MMR) immunizations (two doses) may be certified in the student's home country.** Prior to the start of school, please forward the Immunization Record Form directly to either of the following offices as it pertains to you and use the appropriate office numbers for further information concerning these requirements: **Admissions Office – toll-free: 1- (866) CALL-HPU, or (808) 544-0238 / 544-0238 OR Center for Graduate Studies – toll-free: 1- (866) GRAD-HPU, or (808) 544-0279.**

Hawai'i Pacific University

MEDICAL INSURANCE FORM

All students are required to complete this form. **If you already have insurance** for the semester, **complete Section I below**. If you **do not have your own insurance for the semester**, complete the **instructions in Section II below**.

SECTION I: SELF INSURED - ALL STUDENTS WHO ALREADY HAVE INSURANCE FOR THE SEMESTER COMPLETE THIS SECTION.

I certify that I have adequate health insurance coverage through the company listed below. I understand that Hawai'i Pacific University is not responsible for my health or illness expenses and that, if I falsify this statement, I risk incurring serious financial difficulties:

Student Signature: _____ Date: _____

Insurance Company Name: _____ Policy # _____

INTERNATIONAL STUDENTS MUST ATTACH COPY OF HEALTH INSURANCE POLICY

Because of the high cost of health care in the U.S., **full-time international students are required to enroll in the HPU-Kaiser Foundation Health Insurance Plan (see Section II) or provide proof of coverage under another health plan. This proof must include all of the following:**

1. Copy of policy or document written in **English**.
2. Dates of coverage, which must include the **ENTIRE SEMESTER** (Sep. to Jan. - fall; Jan. to May - spring).
3. Coverage comparable to HPU-Kaiser Foundation health plan (must cover out-patient care and hospitalization for illness, as well as for accidents).

(If you do not submit proof or purchase insurance by the time you register, your registration may be delayed and a penalty may be charged to your student account.)

SECTION II: HPU-KAISER FOUNDATION HEALTH PLAN - ALL STUDENTS WHO DO NOT ALREADY HAVE INSURANCE FOR THE SEMESTER AND WISH TO ENROLL IN THE HPU-KAISER FOUNDATION HEALTH PLAN SHOULD READ THE FOLLOWING INFORMATION AND COMPLETE THE ATTACHED ENROLLMENT FORM (submit check in U.S. dollars or bank draft payable to Kaiser Foundation Health Plan, Inc). REFER TO ENCLOSED HPU-KAISER STUDENT MEDICAL PLAN BROCHURE FOR MORE DETAILS.

HOW TO ENROLL: I. Complete the enclosed enrollment form and return it with your check or money order made payable to: Kaiser Foundation Health Plan, Inc. **Do Not Send Cash.** **II. Payment Options: a).** In person at The Center for Graduate Studies; **b).** In person at any Kaiser Permanente clinic (see listing on the back of the HPU-Kaiser Student Medical Plan Brochure) or, **c).** By mail to: Kaiser Foundation Health Plan, Inc., P.O. Box 31000, Honolulu, HI 96849-9962, U.S.A. **III.** Keep the second copy of the enrollment form. This will serve as your temporary Kaiser Permanente identification card until your permanent one is sent to you. Should your mailing address change, please contact Kaiser Permanente to update your personal information.

(PRINT - STUDENT INFORMATION)

Family Name _____ First Name _____

SSN/HPU ID# _____ Date _____

Semester/Term _____

Office Use Only	
Amount Paid \$	_____
Date	_____ By _____

Hawai'i Pacific University

IMMUNIZATION RECORD

1164 BISHOP STREET

HONOLULU, HAWAI'I 96813-2882

Phone: (808) 544-0279 • FAX: (808) 544-0280

NAME _____ DATE OF BIRTH _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE NUMBER _____

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED OF ALL STUDENTS:

This Form or any additional records forwarded to us, to be considered official, must meet two out of the four following requirements: 1) Signature of authorizing person; 2) License number of authorizing person; 3) Letterhead; 4) Office stamp. Any changes, writeovers, use of different ink/handwriting or use of white-out must be initialed by the person providing proof.

1. MEASLES (Rubeola): Two doses of live vaccine or two doses of MMR separated by at least one month are required. **First dose must have been given as of January 1, 1968 or after, and on or after first birthday.** MMR is preferred for second dose.

Measles immunization may be waived if 1) Student is born before 1957 (mail proof of birth) 2) Physician has confirmed diagnosis in the past or serologic evidence of immunity is presented (mail written statement from your physician. Statement must be signed and written on official stationery). **ATTACH PHYSICIAN STATEMENT TO THIS FORM.**

Measles (Rubeola) or MMR	FIRST IMMUNIZATION				SECOND IMMUNIZATION			
	Vaccine/Type	Month	Day	Year	Vaccine/Type	Month	Day	Year

2. TUBERCULIN SKIN TEST (TB):

TB Skin Test (PPD) _____ / _____ / _____ Results: Positive _____ mm Negative: _____ mm Month Day Year If positive TB skin test: provide documentation of negative chest X-Ray and/or doctor's statement describing treatment and TB treatment dates.
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INTERNATIONAL STUDENTS MUST COMPLETE THE TUBERCULIN SKIN TEST IMMEDIATELY UPON ENTRY INTO THE STATE OF HAWAI'I (it takes two to three days before the skin test can be evaluated); NOT IN THEIR HOME COUNTRY. TB CERTIFICATION ISSUED OUTSIDE THE U.S. CANNOT BE ACCEPTED BY THE UNIVERSITY.

NOTE: TB skin test needs to be taken within a 12 month period prior to registering for classes at HPU.

Physician or Authorized Signature Date License # or Office Stamp

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

Please submit this form as well as any inquiries to the appropriate office below:

Hawai'i Pacific University

U.S. Citizens/Permanent Residents:

Office of Admissions

1164 Bishop Street, Suite 200
Honolulu, Hawai'i 96813-2882

Phone: (808) 544-0238

FAX: (808) 544-1136

Toll-free (U.S./Canada): 1-866-225-5478
(1-866-CALL-HPU)

www.hpu.edu

E-mail: admissions@hpu.edu

International/Canada:

International Center

1164 Bishop Street, Suite 1100
Honolulu, Hawai'i 96813-2882
United States of America

Phone: (808) 544-8088

FAX: (808) 544-8065

Toll-free (U.S./Canada): 1-866-225-5478
(1-866-CALL-HPU)

www.hpu.edu/international

E-mail: international@hpu.edu

Center for Graduate Studies

1164 Bishop Street, Suite 911
Honolulu, Hawai'i 96813-2882
United States of America

Phone: (808) 544-0279

FAX: (808) 544-0280

Toll-free (U.S./Canada): 1-866-GRAD-HPU

www.hpu.edu/grad

E-mail: graduate@hpu.edu