



HAWAI'I PACIFIC UNIVERSITY

Admission Office

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Health Clearance Form 2 - TUBERCULOSIS CONTROL

U.S Students: A Tuberculin skin test (PPD-Mantoux) or chest x-ray done within one year by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.) prior to enrollment. If positive, a chest x-ray is required. The skin test must be read 48 - 72 hours after administration and documented in millimeters (mm).

Negative and 4 days readings are NOT accepted. Currently the Hawai'i Department of Health does not accept Tuberculosis blood test, i.e., Quantiferon as a valid test for Tuberculosis.

Students coming from Foreign Countries: All students must have a Tuberculin skin test or chest x-ray performed by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.). The U.S. licensed healthcare provider must document the state in which they are licensed and the license number.

Returning or Transferring Students from post-secondary schools in Hawai'i: A student who re-enrolls or enrolls in another post-secondary school in Hawaii, a copy of the original TB certificate shall meet this Tuberculosis requirement. The tuberculosis test must have been done in Hawaii.

Student Information - To be completed by student

Last Name/Surname		First Name		Middle Initial	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address					
Street Address	<input type="text"/>	City/Town	<input type="text"/>	Country	<input type="text"/>
				ZIP Code	<input type="text"/>
Telephone		Date of Birth (mm/dd/yyyy)		HPU Student ID Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

Tuberculosis Clearance Requirements

- The Mantoux tuberculosis skin test must be given within 12 months prior to first attending classes at HPU.
- The TB certificate must be issued by the Hawai'i Department of Health or a U.S. licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA). The U.S. licensed healthcare practitioner must document the state he/she is licensed in and the license number.
- The TB certificate must include the following:
 - The dates of administration and reading of the Mantoux skin test (PPD)
 - The transverse diameter of induration in millimeters
 - The signature or stamp of the MD, DO, APRN, PA, or clinic
- If the transverse induration is 10mm or greater, a chest x-ray and/or doctor's statement describing treatment and TB treatment dates is also required. Students with previous positive PPD may have a chest x-ray without a repeat skin test.

The following clearance is to be filled out by the appropriate medical personnel:

TB Test				
TB Test Date Administered	TB Test Date Read	Results: Positive (mm)	Results: Negative (mm)	If reading is positive, please indicate TB treatment dates*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Also, please provide documentation of negative chest X-Ray and/or doctor's statement describing treatment.

Physician or Authorizing Signature _____ **Date** _____ **License Number or Office Stamp** _____

Printed Physician Name _____ **U.S. State of License** _____

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** _____