



**HAWAII PACIFIC UNIVERSITY**

**Admission Office**

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# Health Clearance Form

## MEASLES, MUMPS, RUBELLA (MMR) IMMUNITY WAIVER FORM

The State of Hawai'i requires written evidence of health clearance from measles, mumps and rubella. Students must comply with these health clearance requirements by completing this form and returning it to HPU.

### Student Information - To be completed by Student

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

**By signing this form, I indicate that 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.**

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**Student Signature** **Date**

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**The following clearance is to be filled out and signed or stamped by any of the listed medical personnel: Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician's Assistant or clinic.**

**MMR immunization may be waived if student meets ONE of the following criteria AND can submit the proper verifying documents:**

1. Student was born before 1957 (mail official copy of birth certificate)
2. A physician has confirmed diagnosis in the past
3. A laboratory report of immunity (such as the "Titer Test") is signed by Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) only and written on official stationery
4. Documents from another Post Secondary Institution

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

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