

TB IMMUNIZATION VERIFICATION

FORM E

Student Information

Last Name/Surname

First Name

M.I

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

Tuberculosis (TB) Test

For Physician or Clinic Use Only:

I have evaluated the individual above using the process set out in the DOH TB Clearance Manual dated 04/01/17 and determined that the individual does not have Tuberculosis (TB) disease as designated in section 11-164.2-2, Hawai'i Administrative Rules. This Tuberculosis (TB) clearance provides reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future Tuberculosis (TB) risk for the individual listed.

COMPLETE ONE OF THE FOLLOWING:

1.

Quantiferon Gold Test/Blood Test

Month	Day	Year	Result (Positive/Negative)

OR 2.

PPD Skin Test

Month	Day	Year	Induration

OR 3.

Negative Chest X-Ray (If completed, Chest X-Ray Results/Letter must be attached)

Month	Day	Year

Name of Physician/Healthcare Professional

Signature

Date

U.S. State & License Number

State

Zip Code

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Hawaii Pacific University

1 Aloha Tower Drive | Honolulu, Hawai'i 96813
Phone: (808) 544-0238 | Fax: (808) 544-1136



- **U.S. STUDENTS:**

Complete the Tuberculosis (TB) Risk Assessment Form (Form F) and have your U.S.-Licensed Healthcare Professional (M.D., D.O., N.P., or P.A.) sign your completed form. A Tuberculosis (TB) clearance must be obtained within twelve months prior to your start date, or obtained on or after the age of sixteen. If your Tuberculosis (TB) Risk Assessment is positive, a TB skin test or TB Blood Test (Quantiferon Gold In-Tube or T-Spot) is required. If tests are positive, please fill out the Tuberculosis (TB) Immunization Verification (Form E), a Chest X-Ray Laboratory Report from a Healthcare Professional must also be submitted.

- **STUDENTS COMING FROM FOREIGN COUNTRIES:**

The Tuberculosis (TB) Risk Assessment Form (Form F) must be completed and signed by a U.S.-Licensed Healthcare Professional (M.D., D.O., N.P., or P.A.). The U.S.-Licensed Healthcare Professional must document the state he/she is licensed in and license number. If your Tuberculosis (TB) Risk Assessment is positive, a TB skin test or TB Blood Test (Quantiferon Gold In-Tube or T-Spot) is required. Although the blood tests outside of the U.S. are accepted, foreign TB skin tests are not. If tests are positive, please fill out the Tuberculosis (TB) Immunization Verification (Form E), a Chest X-Ray Laboratory Report from a Healthcare Professional must also be submitted.

TUBERCULOSIS (TB) CLEARANCE REQUIREMENTS:

- The Tuberculosis (TB) certificate must be issued by the Hawai'i Department of Health or a U.S.-Licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP), or Physician Assistant (PA). The U.S.-Licensed Healthcare Professional must document the state he/she is licensed in and the license number.
- The Tuberculosis (TB) certificate must include the following:
 - The dates of administration and reading of the skin test (PPD)
 - The transverse diameter of induration in millimeters
 - The signature or stamp of the MD, DO, NP, PA, or clinic
- If the transverse induration is greater than 10, a chest x-ray and/or doctor's statement describing treatment and TB treatment dates may be required. Students with previous positive PPD may have a chest x-ray without a repeat skin test.