



Admission Office

One Aloha Tower Drive
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Health Clearance Form 1A

MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION VERIFICATION

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 the Registrar's Office in person during posted office hours, via fax, or via email.

[Click here for more information regarding Health Clearance forms and requirements.](#)

Student Information

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"/>	<input type="text"/>	

Measles, Mumps, and Rubella Clearance Requirements

- Two doses of measles-containing vaccine are required, with at least one of the two being the Measles, Mumps, and Rubella (MMR) vaccine.
- First dose must have been given after January 1, 1968, on or after the first birthday.
- The second dose must have been given at least four weeks after the first dose.

The following clearance must be filled out and signed or stamped by a medical doctor (MD), doctor of osteopathy (DO), Advanced Practice Registered Nurse (APRN), physician assistant (PA) or clinic:

First Immunization			
Vaccine/Type	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Immunization			
Vaccine/Type	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 _____