



HEALTH CENTER

IMMUNIZATION AND TUBERCULOSIS CLEARANCE REQUIREMENTS

Dear Student:

The Hawaii State Department of Health (DOH) requires all university students to have 2 doses of the MMR (Measles, Mumps, Rubella) vaccine or provide laboratory evidence of immunity. The DOH also requires tuberculosis (TB) clearance before class attendance. Foreign students will be given a TB skin test when they arrive on campus. Students who live in the United States are recommended to get the TB skin test at their physician's office before arriving in Hawaii. All DOH criteria listed on the attached "**Tuberculosis Clearance Form**" must be met for the TB skin test to be considered valid. If you are planning on getting your TB test at BYU–Hawaii, please do not get an MMR vaccine less than 30 days prior to arriving on campus.

Your MMR immunization documentations or equivalent and TB test information may be sent by fax to (808) 675-3506, by email to healthcenter@byuh.edu or by mail to BYU–Hawaii #1728, Health Center, 55-220 Kulanui St., Bldg. 5, Laie, HI 96762-1293.

Once your completed immunization record has been received and approved, you will be able to proceed with your registration. Failure to complete your state health immunizations or provide the necessary information to the Health Center may delay your registration or approval to attend class.

Former students who are returning to school may call the Health Center to check on your State health immunization status. Your requirements may have already been met, and we may be able to clear you for registration by phone.

If your country does not provide the MMR vaccine, please have your physician complete Section F of the attached "**State Health Immunization Requirement**" form.

If you have any questions, please contact our office at (808) 675-3510.

Sincerely,

A handwritten signature in black ink that reads "P. Douglas Nielson, MD".

P. Douglas Nielson, MD
Medical Director of Health Services

STATE HEALTH IMMUNIZATION REQUIREMENTS

Return forms to: BYU–Hawaii Health Services #1728 * 55-220 Kulanui Street, Bldg. 5 * Laie, HI 96762-1293
Ph.: (808) 675-3510 * Fax: (808) 675-3506 * Email: healthcenter@byuh.edu

| | | |
|--------------------------------|--|-------------------------|
| Legal Name (Last): | (First): | BYU – H Student I.D. #: |
| Semester/Term Entering: (Year) | Date of Birth: Month Day Year / / | Social Security Number: |

THIS FORM MUST BE COMPLETED AND SIGNED BY A MEDICAL DOCTOR OR REGISTERED NURSE

All information must be in English. If you have a completed immunization card signed by the providers that gave the immunizations or a recent completed school record, you may mail or fax a photocopy in place of this completed form.

R E Q U I R E D

A. MMR (Measles, Mumps & Rubella) (two doses required)

| | | | | | | | | |
|--|----|-----|-----|-----|----|-----|-----|-----|
| Dose 1 given at 12 months of age or later and Dose 2 given after age 4 or no later than 30 days prior to arrival on campus | #1 | Mo. | Day | Yr. | #2 | Mo. | Day | Yr. |
| | / | / | / | | / | / | / | |

If requirement A is not met, then B, C and D must be met.

B. Measles (Rubeola) (two doses required) (Complete all that apply)

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|
| Immunized with live measles vaccine at 12 months of age or later AND after age 4 | #1 | Mo. | Day | Yr. | #2 | Mo. | Day | Yr. |
| | / | / | / | | / | / | / | |
| Has report of positive immune titer. Specify date. | / | / | / | | / | / | / | |
| | Mo. | Day | Yr. | | Mo. | Day | Yr. | |
| Had disease confirmed by doctor's records. | / | / | / | | / | / | / | |
| | Mo. | Day | Yr. | | Mo. | Day | Yr. | |

C. Rubella (German Measles) (two doses required) (Clinical history is not acceptable) (Complete all that apply)

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|
| Immunized with live vaccine at 12 months of age or later AND after age 4 | #1 | Mo. | Day | Yr. | #2 | Mo. | Day | Yr. |
| | / | / | / | | / | / | / | |
| Has report of positive immune titer. Specify date. | / | / | / | | / | / | / | |
| | Mo. | Day | Yr. | | Mo. | Day | Yr. | |

D. Mumps (two doses required) (Complete all that apply)

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|
| Immunized with live vaccine at 12 months of age or later AND after age 4 | #1 | Mo. | Day | Yr. | #2 | Mo. | Day | Yr. |
| | / | / | / | | / | / | / | |
| Has report of positive immune titer. Specify date. | / | / | / | | / | / | / | |
| | Mo. | Day | Yr. | | Mo. | Day | Yr. | |
| Had disease confirmed by doctor's records. | / | / | / | | / | / | / | |
| | Mo. | Day | Yr. | | Mo. | Day | Yr. | |

E. Tuberculosis – PPD CAN BE GIVEN UPON ARRIVAL ON CAMPUS (make sure your MMR is received no later than 30 days prior to arrival on campus)

F. If the MMR vaccine is not available in your country, please have your physician complete the bottom of this form.

The MMR is not available in _____ (Name of country). I agree to get my first MMR upon arrival and my second MMR four week later at a cost of \$75.00 each.

Signature: _____ Date: _____
(Student)

HEALTH CARE PROVIDER SIGNATURE (Must be a Medical Doctor or Registered Nurse)

| | | |
|-----------------------------------|-----------|---------------|
| (Print) Name of Physician or R.N. | Signature | Date |
| Address: Street | City | State/Country |
| | Zip Code | Phone |