



## **HEALTH REQUIREMENTS**

Dear New Student,

The International Programs of Outreach College encourage all students to recognize the importance of good health while studying abroad. Students must be in good physical condition in order to handle daily student life in Hawai'i.

Hawai'i State Department of Health requires the following:

- 1) all students in programs of more than 15 days in length must demonstrate proof of immunity to measles, mumps, and rubella (MMR);
- 2) all students studying in the US for more than four months must have tuberculosis (TB) clearance.

### **Measles, Mumps, and Rubella (MMR)**

Students must submit official past or recent record of TWO doses of measles vaccine, with at least one being an MMR (Measles, Mumps, and Rubella) vaccine. The first dose must have been given on or after your first birthday. The second MMR vaccine must have been given at least four weeks after the first vaccine. The record must include complete dates (month, day, year) for each immunization and must be certified by a physician.

The MMR immunizations may be waived if:

- the student can provide documentation of having the disease;
- the student has a blood test proving immunity to measles, mumps, and rubella;
- the student was born before 1957.

*Please use the "Health Certificate" form provided. Ask your physician to fill out the form and sign and date it.*

### **Tuberculosis (TB) Clearance**

Students who attend classes *more 120 days in the United States* must have TB clearance. The TB test must be conducted in the State of Hawai'i. If the TB skin test is positive, a chest x-ray is required. Students can get this test done at the University Health Services, with a private physician, or at one of the Hawaii State Department of Health locations offering free testing:  
<https://health.hawaii.gov/tb/files/2018/06/TST-Clinic-Schedule-05.18.18-v1.pdf>

### MEASLES/MMR IMMUNIZATION CERTIFICATE

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CERTIFICATION OF IMMUNIZATION: (two doses required)

Date of First Dose (measles): \_\_\_\_\_ (month/year)

Date of Second Dose (MMR): \_\_\_\_\_ (month/year)

MMR Immunization is waived because: (choose one)

I was born before 1957.

DOCUMENTATION OF MEASLES DISEASE

Date: \_\_\_\_\_

DOCUMENTATION OF POSITIVE MMR SEROLOGIC TEST

Date: \_\_\_\_\_

General Remarks on Student's Health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_

Address of Clinic/Hospital: \_\_\_\_\_

\_\_\_\_\_

Name of Physician (printed) \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
***I grant permission to release the above information to the University of Hawai'i Outreach College. I understand that if I study in the US longer than one term, I must take a Tuberculosis clearance test in Hawai'i.***

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_