

Student Information

Last Name/Surname

First Name

Middle Initial

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 is to be completed by a healthcare provider with immunization records attached. Form must be completed in its entirety.

MEASLES, MUMPS, RUBELLA (MMR)

COMPLETE ONE OF THE FOLLOWING:

First Dose		
Month	Day	Year

Second Dose		
Month	Day	Year

AND/OR

Measles Titer*	<input type="checkbox"/> Immune	<input type="checkbox"/> Not Immune
Month	Day	Year

Rubella Titer*	<input type="checkbox"/> Immune	<input type="checkbox"/> Not Immune
Month	Day	Year

***All Titer Blood Test Reports must be attached
Note that the State of Hawai'i Department of Health does not accept Mumps Titers.**

TUBERCULOSIS (TB)

COMPLETE ONE OF THE FOLLOWING:

Quantiferon Gold Test/Blood Test			
Month	Day	Year	Result (Positive/Negative)

OR

PPD Skin Test			
Month	Day	Year	Induration

OR

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

OR

State of Hawai'i Department of Health TB Screening / Risk Assessment Form F (If completed and cleared, Form must be attached)		
Month	Day	Year

Name of Physician/Healthcare Professional

Signature

Date

U.S. State & License Number

State

Zip Code