

University of Hawai'i at Mānoa
University Health Services Mānoa
1710 East-West Road, Honolulu, Hawai'i 96822
(808) 956-8965 FAX: (808) 956-3583

Dear Entering Students:

Welcome to University of Hawai'i at Mānoa! The University Health Services Mānoa (UHSM) is located on campus near the Kennedy Theater. A professional staff of physicians and nurses provide the health needs of the students. UHSM is a general medical clinic for walk-in care and specialty clinics by appointment, including women's health, sports medicine, dermatology, psychiatry, and nutritional counseling. We have a laboratory and pharmacy. Please visit our web site at <http://www.hawaii.edu/shs> to learn more about us.

HEALTH CLEARANCE REQUIREMENTS

The State of Hawai'i mandates that certain health requirements be met for entrance to post-secondary educational institutions. (Hawai'i Administrative Rules, DOH Title 11, Chapter 157) All students, including faculty/staff enrolled as students, must comply with health clearance requirements by completing the Health Clearance Form and Immunization Record and returning it by mail or fax to the Health Services. Please follow instructions for Tuberculosis Clearance and Immunization Requirements carefully. **Observe the deadline - You may not register for classes until you have received health clearance.**

1) TUBERCULOSIS CLEARANCE

U.S. Students: A tuberculin skin test (PPD/Mantoux) or chest x-ray done in the **United States** or by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.) within one year prior to enrollment. If positive, a chest X-ray is required.

Students Coming from Foreign Countries: All students must receive a tuberculin skin test or chest x-ray performed by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.). The U.S. licensed healthcare practitioner must document the state he/she is licensed and license number. Upon arrival in Honolulu, skin tests may be administered at the University Health Services, the State Department of Health, or a private physician's office. If positive, a chest X-ray is required. **NOTE: The tuberculosis requirements must be completed to register for classes.**

Returning or Transferring Students from a post-secondary school in Hawai'i: When a student subsequently re-enrolls or enrolls in another post-secondary school in Hawai'i, a copy of the original certificate shall meet this Tuberculosis requirement for certification. The student must have a Tuberculosis certificate done in Hawai'i. Students with history of a positive PPD and negative chest x-ray must complete and return the Tuberculosis Symptom Screening form. This form can be found on our website: <http://www.hawaii.edu/shs> under Forms and Memos.

All Students: If you have recently taken the MMR vaccine, you must wait 4 weeks to take the tuberculin skin test (TB test). You **CANNOT** take the TB skin test if you have taken the MMR vaccine in the past 4 weeks, instead, you may have a chest x-ray done to preliminarily complete the tuberculin requirement. The chest x-ray will allow you to register, however you are still required to have the TB skin test done 4 weeks after your MMR vaccine.

2) MEASLES, MUMPS, AND RUBELLA IMMUNIZATIONS

Two doses of measles vaccine are required, with at least one of the two being an MMR (Measles, Mumps, and Rubella). First dose must have been given on or after 12 months of age and the second must have been given at least 4 weeks after the first dose. Measles, Mumps and Rubella immunizations may be waived if: 1) Student was born before 1957, or 2) Laboratory evidence of immunity (positive antibodies) to Measles, Mumps, and Rubella.

The Hawai'i Department of Health has proposed adding, "new" routinely recommended vaccinations to the list of required immunizations. Although not currently required for enrollment, these vaccines may soon be: a) Meningococcal, b) Tetanus/Diphtheria/Pertussis (Tdap), and c) Varicella. The Meningococcal vaccine is **STRONGLY RECOMMENDED** for college students, especially students who intend to live in the resident halls, as there is an increased risk of this highly contagious disease in the campus population. The newly available serogroup B Meningococcal (MenB) vaccination should also be considered; please discuss with your health care provider.

Other vaccines highly recommended include: a) Polio, b) Human Papilloma Virus, and c) Hepatitis A and B.

**Mail, fax, or filedrop
form to:**

University of Hawai'i
University Health Services Mānoa
1710 East-West Road, Honolulu, Hawai'i 96822
(808) 956-8965 Fax (808) 956-3583

File Drop: www.hawaii.edu/filedrop Recipient: UHSM

HEALTH CLEARANCE FORM

URGENT DEADLINES TO SUBMIT HEALTH FORMS: **FALL SEMESTER: JULY 15**
SPRING SEMESTER: DEC. 2

This information is treated confidentially and does not become a part of your academic records. Please type or print answers in English using **black ink**.

NAME _____ UH STUDENT ID # _____
Last (Family Name) First Middle

DATE OF BIRTH ____/____/____ SEX: F M UH EMAIL ADDRESS: _____
MM DD YY GENDER: F M T Q

PERMANENT HOME ADDRESS _____
Street

City State Zip Code TELEPHONE (____) _____
Area Code

LOCAL ADDRESS _____
Street City State Zip Code

TELEPHONE (____) _____ CELL PHONE (____) _____
Area Code Area Code

EXPECTED DATE OF ENROLLMENT: ____/____/____ Previously enrolled at UH Community College: no yes
Year: _____ Semester: _____

IN CASE OF EMERGENCY NOTIFY: NAME: _____ RELATIONSHIP _____

PHONE: (H)(____) _____ (W)(____) _____ (CELL)(____) _____
Area Code Area Code Area Code

DO YOU HAVE ANY SIGNIFICANT MEDICAL CONDITIONS OR DISABILITIES THAT WOULD LIMIT PARTICIPATION IN ACADEMIC AND/OR PHYSICAL ACTIVITIES? (Specify) _____

Drug Allergy _____

STUDENT SIGNATURE: _____ **DATE:** _____

AUTHORIZATION AND CONSENT FOR TREATMENT OF MINORS - To be completed by a parent or guardian if the student will be under the age of 18 when seeking health services from the University of Hawai'i.

I, the parent/legal guardian of (PRINT STUDENT NAME) _____, in consideration of the services rendered and of the facilities provided by the University of Hawai'i Health Services, hereby voluntarily and knowingly authorize and give my express consent to visit, or visits when either unaccompanied or accompanied by myself or another adult while in transit to, from, or in attendance at the University of Hawai'i, for the purpose of clinical observation, and/or the administration of such treatment, and the taking of whatever X-Rays, injections, or drugs that may be considered necessary or desirable in the observation, diagnoses, and treatment of his/her case by the physician in attendance and/or the staff of the University of Hawai'i Health Services.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ **DATE:** _____

Immunization Record

NAME _____ BIRTHDATE _____ UH ID# _____

The State of Hawai'i mandates that certain health requirements be met for entrance to post-secondary educational institutions. (Hawai'i Administrative Rules, DOH Title 11, Chapter 157) **You may not register until these requirements are met.**

PART I (REQUIRED)- TUBERCULOSIS CONTROL

U.S Students: A Tuberculin skin test (PPD-Mantoux) or chest x-ray done within one year by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.) prior to enrollment. If positive, a chest x-ray is required. The skin test must be read 48 - 72 hours after administration and documented in millimeters (mm). **Negative and 4 days readings are NOT accepted. Currently the Hawai'i Department of Health does not accept Tuberculosis blood tests. Quantiferon is NOT accepted as a test for Tuberculosis in the State of Hawai'i.**

Students coming from Foreign Countries: All students must have a Tuberculin skin test or chest x-ray performed by a U.S. licensed healthcare provider (M.D., D.O., A.P.R.N., or P.A.). The U.S. licensed healthcare provider must document the U.S. state and number in which they are licensed.

Returning or Transferring Students from post-secondary schools in Hawai'i: A student who re-enrolls or enrolls in another post-secondary school in Hawai'i, a copy of the original TB certificate shall meet this Tuberculosis requirement. The tuberculosis test must have been done in Hawai'i. found on our website: <http://www.hawaii.edu/shs> under download.

PPD (Mantoux): Date Given: _____ Date Read (48-72 hours): _____ Results: _____ mm

Chest x-ray (if skin test reads 10mm or greater) Date: _____ Results: _____

PART II (REQUIRED) – MMR (MEASLES (RUBEOLA), MUMPS, AND RUBELLA):

Two doses required at least 28 days apart for students born after 1956. First dose must have been given on or after 12 months of age (at least 1 years of age). Second MMR dose must have been given at least 4 weeks after the first dose. Complete one of the following:

1. MMR vaccine dates #1 _____ #2 _____
OR
2. Measles Vaccine date #1 _____ #2 _____
Mumps Vaccine date #1 _____
Rubella Vaccine date #1 _____
3. OR Antibody titer result: Measles (Rubeola) date and result: _____ Mumps titer date and result: _____ Rubella titer date and result: _____
Circle results: Date: _____ Pos/Neg Date: _____ Pos/Neg Date: _____ Pos/Neg

PART III –MENINGOCOCCAL, TETANUS/DIPHTHERIA/PERTUSSIS, AND VARICELLA

Although not currently required for enrollment, these vaccines may soon be required per the Hawai'i State Department of Health:

Varicella	Disease Date:	Titer date and result: +/-	Dose #1 and Dose #2 dates:
Tetanus, Diphtheria, Pertussis: One dose of Tdap for all students, regardless of interval since last Td booster	<input type="checkbox"/> Td OR <input type="checkbox"/> Tdap Date of most recent dose:	Td primary series dates	
Meningococcal Quadrivalent vaccine date(s):	Dose #1:	Dose #2:	
Serogroup B Meningococcal (MenB) vaccine date(s):			
Dates of other vaccines highly recommended	Human Papilloma Virus Vaccine: #1 #2 #3	Hepatitis B: #1 #2 #3	Hepatitis A: #1 #2 Polio:

Acceptable proof of immunization and/or disease history must be one or more of the following:

1. Completion of this form, by a healthcare provider, with the provider's name, address, phone number and signature. Include healthcare provider U.S. license state number if coming from a foreign country.
2. A copy of a school or public health immunization record or
3. A copy of a health care provider's record.

Name of Physician/Clinician U.S. license state & number Signature Date

Address City State Zip Code

HEALTH INSURANCE

If you do not have health insurance, we highly recommend that all students obtain coverage. Health insurance is mandatory for international students and students enrolled in specific programs.

The Health Service can bill many non-HMO insurance companies for services provided at UHSM. (There are some exceptions, and we do not bill Med-QUEST, listed below.) Although you do not need to have insurance to use the on-campus health services, you will be asked to provide insurance coverage information when you visit. To expedite the clinic registration process, please return the completed Insurance Information Form and a front and back copy of your medical insurance card to:

University Health Services Mānoa
1710 East West Rd.
Honolulu, HI 96822

At the Health Service, charges for uninsured students are reasonable; however, costs for off-campus care, emergencies, and hospitalization can be extremely high. We highly recommend that you obtain insurance to cover these situations.

HOW TO OBTAIN HEALTH INSURANCE COVERAGE

1) Students who have coverage through parents' employee health plans:

Under the Affordable Care Act (www.healthcare.gov), young adults will be allowed to stay on their parents' plan until they turn 26 years old (some exceptions may apply). Contact your insurance provider for specifics.

2) Students who wish to purchase their own health insurance coverage:

University of Hawai'i endorsed student health insurance plans are available for regular registered students. The current plans are provided by Hawaii Medical Services Association (HMSA). The coverage terms and premiums are very favorable. Please see our website for details. Application forms are available at the University Health Services or can be downloaded from the HMSA website at www.hmsa.com/portal/student.

3) Students who may qualify for the State of Hawai'i Med-QUEST plan:

Med QUEST is a State health insurance plan for those who meet low-income criteria. For more information, please visit the Department of Human Services, Med QUEST website: <http://humanservices.hawaii.gov/mqd/>

4) Out-of state students and students who have non- Hawai'i or foreign insurance plans:

Please review carefully the terms of your health insurance coverage. Your insurance may not cover medical services performed away from your home location and/or designated medical facilities or providers. **IMPORTANT for International Students:** The University requires that all international students maintain adequate medical health insurance and medical evacuation and repatriation coverage while attending UH. For F-1 students, go to <http://www.hawaii.edu/shs> for more information. For all other international students, go to the office that handles your visa for more information.

Please feel free to visit the University Health Services at 1710 East West Road. We will be happy to answer any questions you may have concerning your health care needs on campus. Telephone 808-956-8965. You may also visit our web site at <http://www.hawaii.edu/shs>. For questions on the UH Student Plan, you may also contact the Student Health Insurance Office at shio@hawaii.edu.

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HEALTH INSURANCE INFORMATION SHEET

1) PATIENT INFORMATION						
NAME: Last		First	Middle	UH ID#		
DATE OF BIRTH: MM DD YY		SEX: M F		UH EMAIL ADDRESS:		
Local Address		City :	State:	Zipcode:	Phone: ()	
Permanent address:		City:	State:	Zipcode:	Phone: ()	
Occupation:						
Employer:						
Address:				Phone: ()		
EMERGENCY CONTACT:		Relationship:	Phone: (H) ()	Phone: (Work) / (Cell) ()		
2) PRIMARY INSURANCE COMPANY: Please attach copy of card (front and back)						
Name of Insurance:		Policy or ID#:		Group #:		
Subscriber:		Subscriber Date of Birth:	Plan #:	Cov. Code:		
Subscriber Address:		City:	State:	Zip:		
Subscriber Phone: ()		Effective Date:	Expiration Date:			
Relationship to subscriber: child (c) spouse (p) self (s) other (o)						
3) SECONDARY INSURANCE COMPANY: Please attach copy of card (front and back)						
Name of Insurance:		Policy or ID#:		Group #:		
Subscriber :		Subscriber Date of Birth:	Plan #:	Cov. Code:		
Subscriber Address:		City:	State:	Zip:	Effective Date:	Expiration Date:
Relationship to Subscriber: child (s) spouse (p) self (s) other (o)						

INSURANCE CARRIER:

I hereby authorize release of information necessary to file a claim with my insurance company and **ASSIGN BENEFITS OTHERWISE PAYABLE TO ME, TO THE UNIVERSITY OF HAWAI'I AT MANOA, UNIVERSITY HEALTH SERVICES AS INDICATED ON THE CLAIM.**
 I understand I am financially responsible for any balance not covered by my insurance carrier.

Signature of Patient (Parental signature required if under 18)

Date

APPOINTMENT REMINDERS VIA TEXT:

I consent to receive text message reminders from **UNIVERSITY HEALTH SERVICES MANOA** at the phone number provided, including my wireless number. I understand that I may be charged for such messages by my wireless carrier and that such messages may be generated by an automated messaging system, and that I may opt-out of this service at any time.

Signature of Patient (Parental signature required if under 18)

Mobile Number

Mobile Carrier

Date