BYU-Hawaii
IMMUNIZATION CLEARANCE FORM (Page 1 of 2)

The State of Hawaii Department of Health (DOH) Hawaii Administrative Rules, Title 11 (Chapters 157 and 164.2) requires certain health requirements be met for attendance to a post-secondary institution. In addition, BYU-Hawaii is requiring COVID-19 vaccination. Registration is not allowed until all health clearances are met and submitted to Health Services. ***This form may be rejected if it is not fully completed and signed by a licensed medical practitioner.*** A practitioner is a licensed physician, advanced practice registered nurse (APRN) or physician assistant (PA). A medical record of vaccination is also acceptable.

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

A. Measles, Mumps, Rubella (MMR) (two doses) No titers accepted.

#1 Mo. Day Yr. _____/_____/_____ #2 Mo. Day Yr. _____/_____/_____ **OR** ___ Born before 1957 (exempt from MMR vaccine)

B. Tetanus, diphtheria, pertussis (Tdap) Must be administered on or after age 10. No titers accepted.

Tdap booster #1 Mo. Day Yr. _____/_____/_____ *Note: Do not confuse with DTaP (administered to children 0-6 years of age). Tdap was licensed for use in the U.S. in 2005. Doses recorded as "Tdap" with an administration date in the U.S. prior to 2005 should not be counted.

C. Varicella (Varivax) (two doses required or clinical history) Varivax & MMR should be received **no later than 30 days prior to arrival on campus.** No titers accepted.

#1 Mo. Day Yr. _____/_____/_____ #2 Mo. Day Yr. _____/_____/_____
(Dose 1 received after age 12 months, dose 2 at least 4 wks after dose 1)

OR ___ Born before 1980 in U.S. (exempt from Varicella vaccine)

OR ___ History of Varicella disease. Mo. Day Yr. _____/_____/_____

D. Tuberculosis (TB) – Complete separate form. PPD CAN BE GIVEN UPON ARRIVAL ON CAMPUS but do not get the MMR or Varicella vaccine within 30 days of arriving on campus.

- Domestic students, have your provider complete the separate TB form. **If you choose to get the TB skin test (PPD) when you come to BYU-H, please ensure you do not get the MMR or varicella vaccine within 30 days of arriving on campus**.
- International students, you will receive a TB skin test (PPD) upon arrival on campus. If you have a history of an abnormal PPD or chest x-ray or have taken TB medications in your country, please bring pertinent medical records for review **after** you have completed your PPD.

E. If MMR, Tdap, Varicella, COVID-19 or MCV vaccine is not available in your country, please have your physician complete the bottom of this form.

The MMR, Tdap, Varicella, COVID-19 or MCV vaccine is not available in (country) _____. I will receive the needed vaccinations according to the schedule recommended by the Centers for Disease Control when I arrive on campus, and I am financially responsible for the cost.

Signature: _____ (Student) Date: _____

HEALTH CARE PROVIDER SIGNATURE (Must be a physician (MD or DO), PA or APRN)
Please complete in English

_____ (Print) Name of Provider _____ Signature _____ Date

_____ Address: Street City State/Country Zip Code _____ Phone

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

☐ Yes ☐ No Residing in on-campus housing

☐ Yes ☐ No First-year student age 21 years or younger

If yes to both, please have a medical practitioner (licensed physician, advanced practice registered nurse (APRN) or physician assistant (PA)) complete this form. A medical record of vaccination is also acceptable.

Meningococcal Conjugate Vaccine (MCV) Must be administered on or after age 16 years

#1 Mo. Day Yr.

_____/_____/_____

HEALTH CARE PROVIDER SIGNATURE (Must be a physician (MD or DO), PA or APRN)
Please complete in English

_____ _____ _____
(Print) Name of Provider Signature Date

_____ _____
Address: Street City State/Country Zip Code Phone