

MEASLES, MUMPS, RUBELLA (MMR)

Health Clearance Form 1A

IMMUNIZATION VERIFICATION

Admission Office

One Aloha Tower Drive Honolulu, Hawai'i 96813 Phone: (808) 544-0238 Fax: (808) 544-1136 Admission@hpu.edu

Student Information

The State of Hawai'i requires written evidence of health clearance from measles, mumps and rubella. Students must comply with these health clearance requirements by completing this form and returning it to the Registrar's Office in person during posted office hours, via fax, or via email.

Click here for more information regarding Health Clearance forms and requirements.

Name/Surname	First Name		Middle Initial
Iress			
et ess	City/ Town	Country	ZIP Code
Telephone	Date of Birth (mm/dd/yyyy) HPU Student ID Number		
• •	rella Clearance Requirements ing vaccine are required, with at least		e Measles, Mumps, and Rubella
*	en after January 1, 1968, on or after th	e first birthday.	
ne second dose must have be	een given at least four weeks after the	e first dose.	
e following clearance n	nust be filled out and signed	or stamped by a me	edical doctor (MD), doct
osteopathy (DO), Adva	nced Practice Registered Nu	rse (APRN), physicia	an assistant (PA) or clini
rst Immunization			
Vaccine/Type	Month	Day	Year
econd Immunization			
Vaccine/Type	Month	Day	Year
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hysician or Authorizing Sign	ature Date		License Number or Office St
inted Physician Name	U.S. State	of License	
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	leted to the best of my knowl ation at Hawaiʻi Pacific Unive		onsent to this informati
mig used for my registr	ation at nawar i Patint Unive	isity.	
udont Signaturo	Date		