



**HAWAII PACIFIC UNIVERSITY**

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# Health Clearance Form 1A MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION VERIFICATION

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 HPU.

## Student Information

<b>Last Name/Surname</b>	<b>First Name</b>	<b>Middle Initial</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Address</b>			
Street Address	City/Town	Country	ZIP Code
<b>Telephone</b>	<b>Date of Birth</b> (mm/dd/yyyy)	<b>HPU Student ID Number</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**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**

## Measles, Mumps and Rubella Clearance Requirements

- Two doses of measles-containing vaccine are required, with at least one of the two being the Measles, Mumps, and Rubella (MMR) vaccine.
- First dose must have been given after January 1, 1968, on or after the first birthday.
- The second dose must have been given at least four weeks after the first dose.

**The following clearance must be filled out and signed or stamped by a medical doctor (MD), doctor of osteopathy (DO), Advanced Practice Registered Nurse (APRN), physician assistant (PA) or clinic:**

First Immunization			
Vaccine/Type	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Immunization			
Vaccine/Type	Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Physician or Authorizing Signature** **Date** **License Number or Office Stamp**

**Printed Physician Name**

**U.S. State of License**