University of Hawai'i at Hilo
The Daniel K. Inouye College of Pharmacy
Health Screening Requirements

KEEP A COPY OF ALL DOCUMENTS FOR YOUR RECORDS

The State of Hawaii mandates that certain health requirements be met for entrance to post-secondary educational institutions. (Hawaii Administration Rules, DOH Title 11, Chapter 157). In addition to these requirements, The Daniel K. Inouye College of Pharmacy (DKICP) also requires all students to comply with the health requirements of its affiliated experiential sites.

Please contact Christina Method at DKICP Office of Experientials if you have any questions.

Email: method@hawaii.edu Phone: (808) 932-7709

Last Name: _____ First Name: _____ Middle Name: _____

(enter 'none' if no middle name)

Birthdate: _____ UH ID #/SSN: _____

1. Tuberculosis Clearance

- 2-step Mantoux tuberculin skin test (PPD)
  - 2-Step skin test must be performed after September 2016 within the United States or its territories.
  - A 2-Step requires that you get two PPD skin tests; the second one should be administered AT LEAST 7 days after the 1st PPD is given
  - PPD documentation must include: **date given, date read, and test results in mm**
  - Do **NOT** receive an MMR vaccination before or during a PPD skin test, this could lead to a false positive
- Chest X-ray – Only required for those with a **positive** PPD reading (≥ 10 mm) or history of a positive PPD
  - Date of positive reading and mm size is required along with Chest X-ray report dated after September 2016

Refer to http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm for additional information on Tuberculin Skin Testing

2. Hepatitis B

- Positive/Reactive Hepatitis B Surface Antibody Titer- Quantitative (HBsAb)
  - Laboratory Results **must** include reference ranges and be on laboratory letterhead.
  - If immunity is not present according to serum blood titer, student must receive a 4th Hepatitis B (challenge dose) followed by another serum blood titer 1 to 2 months later; if antibody titer is still negative, student will then receive the remaining 2 doses of a second series and test blood serum again 1 to 2 months after 3rd and final dose, as indicated per CDC recommendation.

Refer to http://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html for additional information on Hepatitis B requirements.

3. Measles/Mumps/Rubella (MMR)

- 2 MMR immunizations (at least 28 days apart)

OR

- Positive/Reactive Measles Titer- Quantitative (IgG)
- Positive/Reactive Mumps Titer- Quantitative (IgG)
- Positive/Reactive Rubella Titer- Quantitative (IgG)
  - Laboratory Results **must** include reference ranges and be on laboratory letterhead.

Refer to http://www.cdc.gov/vaccines/pubs/pinkbook/meas.html for additional information on Measles requirements.
Refer to http://www.cdc.gov/vaccines/pubs/pinkbook/mumps.html for additional information on Mumps requirements.
Refer to http://www.cdc.gov/vaccines/pubs/pinkbook/rubella.htmlfor additional information on Rubella requirements.

4. Varicella

- 2 Varicella immunizations (at least 28 days apart)

OR

- Positive/Reactive Varicella Titer- Quantitative (IgG)
  - Laboratory Results **must** include reference ranges and be on laboratory letterhead.

Refer to http://www.cdc.gov/vaccines/pubs/pinkbook/varicella.html for additional information on Varicella requirements.

5. Tetanus

- Tdap (tetanus/diphtheria/pertussis) dated after 1/1/2005.

AND

- 2 additional tetanus vaccinations- Td / Tdap / DPT / DT / DTaP / DTP (Childhood records will suffice)
  - If no documented history- Receive a Tdap, followed by a Td booster 4 weeks later, and another Td booster 6 months later
  - **One of your Tdap or Td vaccines needs to be within the past 10 years.**

Refer to http://www.cdc.gov/vaccines/pubs/pinkbook/tetanus.html for additional information on tetanus requirements.

Please submit this form with **supporting documentation** by June 1, 2017

*If you are **unable** to fulfill any requirements by June 1, 2017, you are required to email the Office of Experientials explaining your situation **and** the expected date(s) of completion for each requirement.*

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This page can be used for documentation of past immunization history **IF** a physician signs off on all requirements below.
If you have supporting tuberculosis and immunization documentation this page is **optional.**
Laboratory reports are still **required** **AND** must include reference ranges and be on laboratory letterhead.

Last Name: _____ First Name: _____ Middle Name: _____
(enter 'none' if no middle name)

Birthdate: _____ UH ID #/SSN: _____

Tuberculosis (PPD) 2-Step:			
Date Given: _____ Date Read: _____ Result: _____ mm	Date Given: _____ Date Read: _____ Result: _____ mm	**OR**	**If Positive PPD (>10 mm)** Date of Positive PPD: _____ Result: _____mm CXR Date: _____ Result: _____ *attach Chest X-ray report

Hepatitis B:	
Hep B Quantitative Titer Date: _____ Result:_____ *attach lab report	If titer is **negative,** receive 4th Hep B (challenge dose) then re-titer 1-2 months later. Hep B #4 Date: _____ **AND** Hep B Quantitative Titer Date:_____ Result: _____ *attach lab report
	If titer is still **negative**, receive remaining 2 doses of Hep B series (0,1,6 months) and re-titer 1-2 months later. Hep B #5 Date: _____ **AND** Hep B Quantitative Titer Date: _____ Hep B #6 Date: _____ Result: _____*attach lab report

Measles/Mumps/Rubella				
MMR #1 Date: _____ MMR #2 Date: _____	**OR**	**Measles IgG Titer** *attach lab report Date: _____ Result:_____	**Mumps IgG Titer** *attach lab report Date: _____ Result:_____	**Rubella IgG Titer** *attach lab report Date: _____ Result:_____

Varicella:		
Varicella #1 Date: _____ Varicella #2 Date: _____	**OR**	**Varicella Zoster IgG Titer** *attach lab report Date: _____ Result:_____

Tetanus:				
Tdap Date:_____	**AND**	Td / Tdap / DPT / DT / DTaP / DTP (circle one) Date:_____	**AND**	Td / Tdap / DPT / DT / DTaP / DTP (circle one) Date:_____

_____ _____ _____
Health Care Provider Name **(Please Print)** Health Care Provider **Signature** Date

_____
Health Care Provider Address and Phone Number