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FORM D

Student Information

Last Name/Surname

First Name

Middle Initial

Date of Birth (mm/dd/yyyy)

HPU Student ID Number

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 (MM/DD/YYYY)

The following is to be completed by a 8 6 O L F H Q V H G S U D F W L W L R provider. It must be completed in its entirety.

MEASLES, MUMPS, RUBELLA (MMR)

First Dose		
Month	Day	Year
Second Dose		
Month	Day	Year

TUBERCULOSIS (TB)

COMPLETE ONE OF THE FOLLOWING :

Quantiferon Gold Test/Blood Test			
Month	Day	Year	Result (Positive/Negative)

OR

PPD Skin Test				
Month	Day	Year	Induration	P P

OR

Negative Chest X -Ray		
Month	Day	Year

OR

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, I F R P S O H W B G O H D U J R G P P X V W
E H D W W D F K H G

Name of Physician/Healthcare Professional

Signature

Date

U.S. State & License Number

State

Zip Code

Hawaii Pacific University

1 Aloha Tower Drive | Honolulu, Hawai'i 96813

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