

Dear New Student,

The NICE program encourages all applicants to take into consideration the importance of having good health while studying abroad. You must be in good physical condition in order to handle daily student life on campus.

The **Hawaii State Department of Health** requires that all international students in programs longer than 15 days provide proof of the following:

1. Measles-Mumps-Rubella (MMR) Immunization

Two doses of measles vaccine are required, with at least one of the two being MMR (Measles-Mumps-Rubella) vaccine. Record of these immunizations must be provided and must include complete dates (month/year) for each immunization, certified by a physician. The MMR requirement may be waived if

- a) the student was born before 1957;
- b) there is documented history of disease; or
- c) there is serologic evidence of immunity (blood test must show evidence of having had the disease).

2. Tuberculosis (TB) Clearance

Students must submit proof of TB clearance, either by skin test or chest x-ray results, dated within one year of program start date. Students who study at NICE for more than six months will be required to take an additional TB test in the State of Hawaii.

Please take the “Health Certificate” form (back side) to a certified physician to get...

- 1) a verification of your MMR immunizations, verify history of the disease, OR to obtain the MMR immunizations
- 2) TB skin test and/or chest x-ray results (please do not send x-ray).

Your physician’s signature and date on the form are required.

HEALTH INSURANCE

Students in the 10-week and 3-week NICE programs are required to have medical insurance coverage during their entire study program. Medical insurance may be purchased in the student's home country or online from the following private providers: HTH Worldwide: <http://www.hthtravelinsurance.com/>

Compass Benefits Group: <http://www.compassbenefit.com/>

Students will be required to show proof of medical insurance upon final registration in Hawaii. Students without medical insurance will not be allowed to attend classes.

Medical insurance for students in part-time study programs is strongly recommended.

HEALTH CERTIFICATE FORM



UNIVERSITY
of HAWAII
MĀNOA

Outreach College
New Intensive
Courses in English

NAME: _____ DATE OF BIRTH: _____

PART I. MEASLES/MMR IMMUNIZATION

Select one: _____ Date of First Dose: _____ (Month/Year) Second Dose: _____ (Month/Year)

_____ Requirement waived (check one):

- Date of disease: _____ (Month/Year)
- Date of positive serologic test: _____ (Month/Year)
- Student was born before 1957.

PART II. TUBERCULIN (TB) EXAMINATION

SKIN TEST RESULTS:

Positive	Negative
<input type="checkbox"/>	<input type="checkbox"/>

(Please indicate the size of reaction)

CHEST X-RAY TEST RESULTS:

- Revealed no abnormalities
- Other (Explain): _____

***IMPORTANT: If skin test results are positive, you must take a chest x-ray.

Examination Date: _____

Name of Clinic/Hospital: _____

Address of Clinic/Hospital: _____

General Remarks on the Student's Health: _____

Signature of Physician: _____ Date: _____