UOG STUDENT ID #:______________

HEALTH CLEARANCE FORM

This information is treated confidentially and does not become a part of your academic records. All students and employees of the University of Guam are required to complete and submit the health clearance form with immunization records from your clinic. Please type or print answers in English using ***BLACK OR BLUE INK***.

STUDENT INFORMATION

ANY OTHER NAMES USED ON OTHER REQUIRED DOCUMENTS

NAME: ______________________________________ ______________________________________

Last(Family Name) First Middle — Last(Family Name) First Middle

MAILING ADDRESS: ____

Street / P.O. Box City State Zip Code

DATE OF BIRTH:_____/_____/_____ **GENDER:** F ☐ M ☐ **EMAIL ADDRESS:** ______________________

PHONE: (H)(_______)________________ (CELL)(_______)________________ (W)(_______)________________

Area Code Area Code Area Code

PLEASE CHECK ONE:

NEW STUDENT:

RE-ENTRY:

GRADUATE SCHOOL:

EXPECTED TERM OF ENROLLMENT:

Year:___________ Semester: ___________

Previously enrolled at UOG/GCC: No ☐ Yes ☐

Year:___________ Semester:___________

IN CASE OF EMERGENCY NOTIFY: **NAME**: ______________________________ **RELATIONSHIP:** ______________

PHONE: (H)(_______)________________ (CELL)(_______)________________ (W)(_______)________________

Area Code Area Code Area Code

EMAIL ADDRESS: ______________________________

Note: Information regarding disability, voluntarily given or inadvertently received, will not adversely affect any admissions decision. If you should require special services because of your disability, you may notify the University Health Nurse or Enrollment Management and Student S Dean. This voluntary self-identification allows the University of Guam to prepare appropriate support services to facilitate your learning. This information will be kept in strict confidence and has no effect on your admission to the University of Guam.

DO YOU HAVE ANY SIGNIFICANT MEDICAL CONDITIONS OR DISABILITIES THAT WOULD LIMIT PARTICIPATION IN ACADEMIC AND/OR PHYSICAL ACTIVITIES?

Please specify: ____

____

Drug allergy: ____

____

Other allergies: ____

____

STUDENT SIGNATURE: ______________________________ **DATE:** ______________

URGENT DEADLINES TO SUBMIT HEALTH FORMS: ~~FALL SEMESTER: LAST FRIDAY OF JUNE~~

~~SPRING SEMESTER: LAST FRIDAY OF NOVEMBER~~

~~SUMMER SEMESTER: LAST FRIDAY OF APRIL~~

~~PLEASE NOTE: IF FRIDAY FALLS ON A HOLIDAY, PLEASE SUBMIT YOUR FORMS ON THURSDAY~~

PLEASE DO NOT SEND YOUR MEDICAL FORMS THROUGH EMAIL.

Mail or fax form to:

University of Guam
Student Health Services
303 University Drive, Guam 96913
Tel: (671) 735-2225/6 Fax: (671) 734-4651
Email: uogstudenthealth@triton.uog.edu

revised 29/2018 JTU

STUDENT HEALTH SERVICES

*The University of Guam requires all newly entering students to be immunized against MEASLES and RUBELLA (GERMAN MEASLES). This medical requirement will be strictly monitored and enforced due to the increasing occurrence of measles in adults throughout the Pacific and United States. Under Guam Public Law Article 3, Chapter 3, §3322. Vaccination and Immunaztion, no student shall be permitted to attend school **unless** evidence is presented, indicating that the student is free from any communicable dsieases, and has had all the required vaccinations or immunzations.* ***(Please use BLACK or BLUE ink)***

STUDENT'S NAME: ____
LAST FIRST MIDDLE

UOG ID#: ______________ DATE OF BIRTH: ______________________

REQUIRED IMMUNIZATIONS – MEASLES/MUMPS/RUBELLA (MMR), PPD

To avoid unnecessary vaccination of MMR, please refer back to your old shot records first for two (2) doses of MMR. You may obtain a copy of your shot records from your clinic, elementary, middle, or high school, or previous college attended. Two (2) doses are required and must have be given at least 28 days apart for students born after 1956 (CDC). This requirement is to be waived if: 1) the student was born before 1957 or 2) if a physician has documented the diagnosis of measles in the past or 3) Serologic evidence of immunity is provided. Complete one of the following:

	Date of Last Immunization			or Antibody Titer Results:	Circle One
Measles (§)	________	________		Measles date and result: ________	Pos / Neg
Mumps (§)	________	________	**(§ BORN AFTER 1956)**	Mumps date and result: ________	Pos / Neg
Rubella (§)	________	________		Rubella date and result: ________	Pos / Neg

PPD Date Given __________ Date Read __________ Results(mm) __________ Clinic ________________

Students must show valid documentation of TB skin test result conducted within six (6)months prior to entry into the University of Guam. ***NEGATIVE and four (4) day readings are NOT accepted.***

If PPD +: Attach Chest X-Ray Report and proceed to Department of Public Health & Social Services in Mangilao, TB Department to obtain your TB clearance.

PART III – MENINGOCOCCAL, TETANUS/DIPHTHERIA/PERTUSSIS, AND VARICELLA (OPTIONAL)
Although not required for enrollment, these vaccines are recommended.

Varicella	Disease Date:	Titer date and result: +/-	Dose #1 and Dose #2 dates:
Tetanus, Diphtheria, Pertussis: One dose of Tdap for all students, regardless of interval since last Td booster	☐Td OR ☐Tdap Date of most recent dose:	Td primary series dates	
Meningococcal Quadrivalent vaccine date(s):		Hepatitis A and Hepatitis B:	Polio:
Dates of other vaccines highly recommended	Human Papilloma Virus Vaccine:		

- **Dates of immunizations must be indicated and signed by provider or immunization record submitted with Medical History Form.**
- **All corrections made, must be initialed by provider (NO-WHITE OUTS ACCEPTED).**

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Email: uogstudenthealth@triton.uog.edu

Name MD/Nurse (PRINT/STAMP/SIGN) Date

Clinic/Address

Area Code( )
Phone Number/Email

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