



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 <input type="checkbox"/> M <input type="checkbox"/>		EMAIL ADDRESS: _____
PHONE: (H) (____) _____		(CELL) (____) _____		(W) (____) _____	
Area Code		Area Code		Area Code	
PLEASE CHECK ONE:			EXPECTED TERM OF ENROLLMENT:		Previously enrolled at UOG/GCC: No <input type="checkbox"/> Yes <input type="checkbox"/>
NEW STUDENT:	<input type="checkbox"/>	Year: _____	Semester: _____	Year: _____	Semester: _____
RE-ENTRY:	<input type="checkbox"/>				
GRADUATE SCHOOL:	<input type="checkbox"/>				
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 Success 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:** _____

**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

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



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 Immunization, no student shall be permitted to attend school **unless** evidence is presented, indicating that the student is free from any communicable diseases, and has had all the required vaccinations or immunizations. **(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 to your childhood immunization 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 been given at least 28 days apart for students born after 1956 (CDC). This requirement is to be waived if: 1) the student was born on or 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 Immunizations		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) _____ POS/NEG Clinic/Stamp _____
 International students must show valid documentation of TB skin test result conducted within 6 (six) months prior to entry into the University of Guam. NOTE: **NEGATIVE and four (4) day readings are NOT accepted.**
 If PPD is positive (+): Obtain a Tuberculosis (TB) Evaluation form and have it filled out by a physician. Attach Chest X-Ray Report (must be within 5 years) and proceed to Department of Public Health & Social Services in Dededo, Tuberculosis Department to obtain your Public Health clearance. Office Hours for Public Health (TB Dept.): Mon- Fri: 8:00 AM – 11:30 AM | for more info: call 671-635-7400

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	<input type="checkbox"/> Td OR <input type="checkbox"/> 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).

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

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

 Clinic/Address

 Area Code ()

 Phone Number/ Email