

# Embry-Riddle Aeronautical University – Hawaii

## Immunization and Tuberculosis Examination Form

**Please submit this form if you do not have appropriate documentation.**

Students may submit other documentation if it meets Hawaii’s Department of Health requirements; otherwise please have the appropriate healthcare provider complete this form and submit it to your campus advisor.

<b>Name:</b>	<b>Date of Birth:</b>
<b>ERAU ID Number:</b>	<b>Phone Number:</b>

All Students:

Tuberculosis Screening (within the 12-month period prior to initial entrance to a Hawaiian school)

<b>TB Skin Test by PPD (Mantoux)</b>	<b>Date Placed</b>	<b>Date Read</b>	<b>Results</b> _____ mm    _____ Negative    _____ Positive <u>Signature of healthcare professional:</u>  
<b>Chest X-Ray (if induration is 10mm or greater)</b>	<b>Date</b>	<b>Result</b>	<b>Attach copy of chest x-ray report.</b> (Invalid without report)

If using a TB test that was done more than 12 months ago, please list the Hawaiian school and year of attendance:

\_\_\_\_\_

MMR

<b>MMR (Measles, Mumps, Rubella)</b>	<b>1<sup>st</sup> Dose MM/DD/YYYY</b>	<b>2<sup>nd</sup> Dose MM/DD/YYYY</b>

Serologic Immunity – Attach copy of positive titers or other clinic verification.

<b>Clinic or Office Name:</b>
<b>Phone Number:</b>
<b>Address:</b>
<b>Printed Name of Licensed Health Care Professional Or Authorized Individual:</b>
<b>Signature of Licensed Health Care Professional or Authorized Individual:</b>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>Signature</b></span> <span><b>Date</b></span> </div>

Please complete this form in its entirety before submission. If you have any questions please contact your Campus Staff for assistance.