ICMP Health Form

IMPORTANT: Upon notification of admission to ICMP, you are required to submit a completed ICMP Health Form. Please read the form carefully and provide information as required. The I-20 for your student visa application will be issued to you only after your completed ICMP Health Form is received by JAIMS.

Name:_____ Birth Date:_____

REQUIREMENTS (as stipulated by the State of Hawaii Department of Health):

A. **MMR or Measles Immunization:** Two doses of live vaccine or two doses of MMR vaccine (measles, mumps, and rubella) administered at least one month apart are required. This immunization may be waived if: (1) you were born before 1957, (2) a physician has confirmed past diagnosis of disease, or (3) serologic evidence of immunity is provided. If you are unable to obtain proof of immunization or disease history, two MMR booster shots are required.

Date of immunizations: First dose: _____

Second dose: _____

Booster: _____

Acceptable proof of immunization or disease history must be one of the following:

1) A copy of a school or public health immunization record indicating 2 doses of MMR or measles vaccine.
2) A copy of a health care provider's record indicating 2 doses of MMR or measles vaccine.
3) A copy of laboratory test (serologic) evidence of past disease.
4) Completion of this section of the form by a health care provider confirming past diagnosis of disease.

Contracted Measles in

Name of ICMP Student Month/Year

Name of Physician/Clinician (Print) Signature Date

Address City State/Country

B. **Tuberculosis Control:** A physician's certification that a chest x-ray taken no more than six months prior to ICMP enrollment and showing no evidence of active tuberculosis is required. **Please do not send the x-ray to JAIMS.**

Chest x-ray date: _____ Results: _____

Name of Physician/Clinician (Print) Signature Date

Address City State/Country