



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: _____ <div style="display: flex; justify-content: space-between;">Last(Family Name)FirstMiddleLast(Family Name)FirstMiddle</div>	
MAILING ADDRESS: _____ <div style="display: flex; justify-content: space-between;">Street / P.O. BoxCityStateZip Code</div>	
DATE OF BIRTH: ____/____/____ GENDER: F <input type="checkbox"/> M <input type="checkbox"/> EMAIL ADDRESS: _____	
PHONE: (H)(_____)_____(CELL)(_____)_____(W)(_____)_____ <div style="display: flex; justify-content: space-between;">Area CodeArea CodeArea Code</div>	
PLEASE CHECK ONE: EXPECTED TERM OF ENROLLMENT: Previously enrolled at UOG/GCC: No <input type="checkbox"/> Yes <input type="checkbox"/>	
NEW STUDENT: Year: _____ Semester: _____ Year: _____ Semester: _____	
RE-ENTRY: _____	
GRADUATE SCHOOL: _____	
IN CASE OF EMERGENCY NOTIFY: NAME: _____ RELATIONSHIP: _____	
PHONE: (H)(_____)_____(CELL)(_____)_____(W)(_____)_____ <div style="display: flex; justify-content: space-between;">Area CodeArea CodeArea Code</div>	
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 Fax: (671) 735-2203

Email: admitme@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 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 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 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	<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).

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 Email: admitme@triton.uog.edu

Name MD/Nurse (PRINT/STAMP/SIGN) _____	Date _____
Clinic/Address _____	
Area Code () _____	
Phone Number/Email _____	