

YMCA of Honolulu

Health Clearance for Tuberculosis

Please provide verification that your child has been cleared of Tuberculosis by a licensed physician. This form is provided to assist you in meeting the YMCA's health clearance requirement.

Child's Information

1. Name _____
First Last
2. Date of Birth _____
Month/Day/Year
3. Parent/Guardian's Name _____
4. Home Address _____
Street, City, State, ZIP, Country
5. Home Phone (____) _____
6. E-mail _____

Local Contact Information

1. Local Address on Oahu _____
Street (w/apt or room #) City State ZIP
2. Local Phone (____) _____
3. Hotel name _____

Physician Section

To be completed by a licensed physician

I _____, verify that that _____
Physician's name (please print) Child's name (please print)

has been: (check all that applies) *one or both boxes must be checked for your child to be able to attend the YMCA*

1. cleared of Tuberculosis on _____ (mm/dd/yy);
2. administered the Tuberculosis vaccine on _____ (mm/dd/yy).

Physician's Signature _____ Date _____

Physician's Address _____ Telephone _____

Parent/Guardian Signature

The above information provided on this form is correct and true to the best of my knowledge.

Parent/Guardian's Signature _____ Date _____

Please submit this completed form with your YMCA program registration form.
Thank you.



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Health Clearance for Tuberculosis

請為您的兒童提供由執業醫師所發出的有效肺結核免疫證明。這表格幫助您達到我們對肺結核免疫的要求。

Child's Information

1. 姓名 _____ 2. 出生日期 _____
名字 姓 月月/日日/年年
3. 家長/監護人姓名 _____
4. 家庭地址 _____
5. 家庭電話 (____) _____ 6. 電子郵件 _____

Local Contact Information

1. 本地瓦胡島地址 _____
Street (w/apt or room #) City State ZIP
2. 本地電話 (____) _____ 3. 酒店名稱 _____

Physician Section

要由執業醫師完成

我 _____, 執業醫師姓名 _____,
証實 小孩姓名

已經：(選擇所有適用項目) 如要參加YMCA, 請選擇一項或多項適用的詳情。

1. 肺結核痊癒 _____ (月月/日日/年年)
2. 注射肺結核疫苗 _____ (月月/日日/年年)

醫師簽名 _____ 日期 _____

醫務所地址 _____ 醫務所電話 _____

Parent/Guardian Signature

以上所提供的資料是真實及正確。

家長/監護人簽名 _____ 日期 _____

請把表格填妥後連同註冊表一同提交到我們的辦事處! 多謝