



UNIVERSITY of HAWAII\*  
**KAPĪ'OLANI**  
COMMUNITY COLLEGE

October 17, 2022

TO: Spring 2023 International Students

FROM: Paul S. Honda International Center, University of Hawai'i - Kapi'olani Community College

RE: TB Skin Assessment for particular countries

As of Fall 2022, the Hawai'i Department of Health TB Branch announced that students from **Japan, Australia, New Zealand, and Canada are no longer require to do a TB skin test if their risk assessment is negative.** Students can submit the following TB Risk Assessment Form to meet the TB clearance. Please ensure to have this form completed and signed by a U.S. licensed medical practitioner. Failure to do so may result in denial.

Should you have questions please do not hesitate to contact the Paul S. Honda International Center (HIC) at (808) 734-9312, [hic@hawaii.edu](mailto:hic@hawaii.edu), or visit us in 'Iliahi 107. We look forward to seeing you on our campus!

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# TB Document G: State of Hawaii TB Risk Assessment for Adults and Children

Hawaii State Department of Health  
Tuberculosis Control Program

## 1. Check for TB symptoms

- If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.
- If significant symptoms are absent, proceed to TB Risk Factor questions.

Yes

No

### Does this person have significant TB symptoms?

Significant symptoms include cough for 3 weeks or more, plus at least one of the following:

Coughing up blood

Fever

Night sweats

Unexplained weight loss

Unusual weakness

Fatigue

## 2. Check for TB Risk Factors

- If any “Yes” box below is checked, then TB testing is required for TB clearance
- If all boxes below are checked “No”, then TB clearance can be issued without testing

Yes

No

### Was this person born in a country with an elevated TB rate?

Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.

Yes

No

### Has this person traveled to (or lived in) a country with an elevated TB rate for four weeks or longer?

Yes

No

### At any time has this person been in contact with someone with *infectious TB disease*? (Do not check “Yes” if exposed only to someone with latent TB)

Yes

No

### Does the individual have a health problem that affects the immune system, or is medical treatment planned that may affect the immune system?

(Includes HIV/AIDS, organ transplant recipient, treatment with TNF-alpha antagonist, or steroid medication for a month or longer)

Yes

No

### For persons under age 16 only: Is someone in the child’s household from a country with an elevated TB rate?

Provider Name with Licensure/Degree:

Person's Name and DOB:

Assessment Date:

Name and Relationship of Person Providing Information (if not the above-named person):