

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.

