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# Mo‘omō‘ali Olakino (EHR)

## Medical Clearance Guide for Parents

March 2023

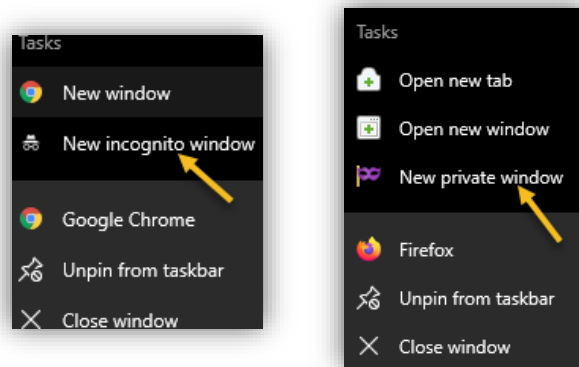
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## Logging In

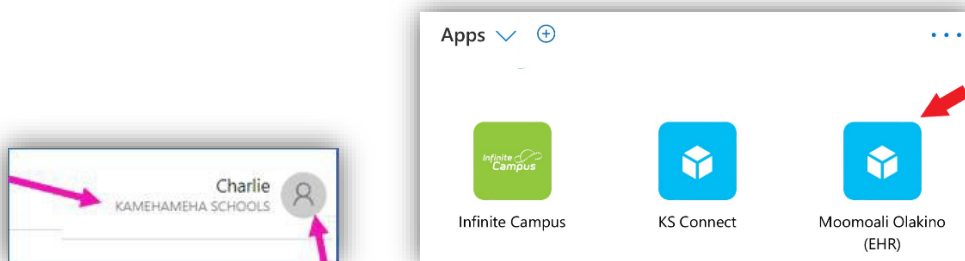
1. Use Chrome Incognito Window or Firefox Private Window for your browser.



2. Go to <https://ohana.ksbe.edu/> and log in using your personal email that is on record with KS.



3. It should say Kamehameha Schools under your name in the upper right-hand corner. If it doesn't, click on the icon and select your Kamehameha Schools account. Then you should see the Mo'omō'ali Olakino application.



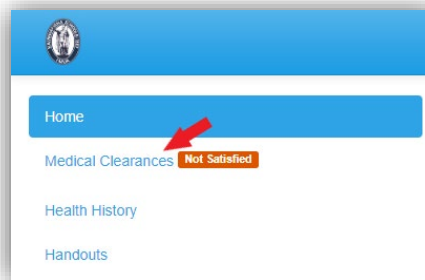
4. If you have multiple children enrolled at Kamehameha Schools, select a child to continue.

5. Once logged in, the Home page will appear with your child's name.

School	Contact	Email	Phone
Kapalama Elementary School	Kalanimoku Dispensary	keshealthroom@ksbe.edu	(808) 843-3354
Kapalama Middle School	Middle School Health Room	kmshealthroom@ksbe.edu	(808) 843-3459
Kapalama High School	Hale Ola	kskmalamaola@ksbe.edu	(808) 842-8075
Maui Elementary School	Wanda Chaney-Tardy, RN	wachaney@ksbe.edu	(808) 572-3222
Maui Middle School	Malia Song, RN	kasong@ksbe.edu	(808) 572-4221
Maui High School	Ellen Weaver, RN	elgsec@ksbe.edu	(808) 573-7073
Hawaii Elementary/Middle School	Desi Hanohano, RN	dehanoha@ksbe.edu	(808) 982-0411
Hawaii High School	Carl deLeon, RN	cadeleon@ksbe.edu	(808) 982-0611
Preschools	Hale Ola	kskmalamaola@ksbe.edu	(808) 842-8075

## How to Complete Medical Clearance Requirements

1. Select **Medical Clearance** to view the necessary requirements to complete medical clearance.



2. For any requirement that has not been satisfied, select **Update** and follow the instructions to satisfy the requirement.

*Note: Requirements will vary based on student status (new or returning), grade, etc.*

**Health Summary:** Required every year prior to the start of school and can be updated throughout the school year.

Items required for clearance:

Clearance		Status	Details
Health Summary Day School	<a href="#">Update</a>	✓ Compliant	Satisfied ⓘ
Health Summary Summer Prg		✓ Compliant until 02/01/2023	Exp: 02/01/2023; details: ⓘ
Hepatitis B	<a href="#">Update</a>	✓ Compliant	Satisfied ⓘ
Immunization Record	<a href="#">Update</a>	✗ Not Compliant	No Data ⓘ

1. Review the health history listed for your child.
2. If everything is up-to-date, select **Looks Good**.

### Health History for Test Patient4

You last reviewed your health history on: 10/5/2022 7:21 AM

Please review your allergies, medications, and personal health history below and choose one of the following options.

[Additions/changes are needed](#) [Looks good](#)

3. If anything needs to be added or changed, select **Additions/changes are needed**.

### Health History for Test Patient4

You last reviewed your health history on: 10/5/2022 7:21 AM

Please review your allergies, medications, and personal health history below and choose one of the following options.

[Additions/changes are needed](#) [Looks good](#)

Allergies: Enter any allergies, including food and medication allergies, that your child has.

1. Select **Add** to add an allergy to your child's health history.

The Item You Are Allergic To	Type of Reaction	
Dogs	Itching	Edit
Pollen Extract	no reaction noted	Edit
Egg	Hives; itchy eyes	Edit
Peanuts	Hives	Edit
NO KNOWN DRUG ALLERGY		Edit

**Add** No Known Allergies

2. A pop-up window will open to enter the allergy. Add what your child is allergic to and the type of reaction.
3. If it is a food allergy, please check the appropriate box.
4. Select **Save**.

**Add Allergy**

Enter Item You are Allergic To (example: Penicillin or Pollen)

Enter Type of Reaction (example: Rash or Itching)

**IMPORTANT: Please check this box if this is a food allergy**

**Save** Cancel

5. To edit any of the listed allergies, select **Edit**.

The Item You Are Allergic To	Type of Reaction	
Dogs	Itching	Edit
Pollen Extract	no reaction noted	Edit
Egg	Hives; itchy eyes	Edit
Peanuts	Hives	Edit
NO KNOWN DRUG ALLERGY		Edit

**Add** No Known Allergies

6. A pop-up window will open. Enter details of why you are requesting to change the allergy. Select **Save**.

**Edit Allergy**

Please specify the requested change to this allergy:

**Dogs; Reaction: Itching:**

I am not allergic to this Medication/Substance

The Type of Reaction is incorrect/incomplete (please supply details below)

Details (as needed)

7. If your child does not have any allergies, select **No Known Allergies**.

**Allergies**

The Item You Are Allergic To	Type of Reaction	
Dogs	Itching	<input type="button" value="Edit"/>
Pollen Extract	no reaction noted	<input type="button" value="Edit"/>
Egg	Hives; itchy eyes	<input type="button" value="Edit"/>
Peanuts	Hives	<input type="button" value="Edit"/>
NO KNOWN DRUG ALLERGY		<input type="button" value="Edit"/>

**Medication:** Add all medications that your child is currently taking along with the dosage.

1. To add the medications, select **Add**.

**Medications**

Name of Medication	Dosage and Directions
No Current Entries	

2. A pop-up window will open. Enter medication and dosage information. Do not abbreviate any medication names.
3. Select **Save**.

**Add Medication**

Name of Medication

Dosage of Medication

- If the medication will be administered during school hours, either by Health Room staff or self-administered by your child, a separate **Request for Administration of Medication (RAM)** form will need to be completed. This form is available in the **Form Download/Upload** section and can be uploaded via this portal.
- To edit any of the listed medications, select **Edit**.

The screenshot shows a table titled "Medications" with two columns: "Name of Medication" and "Dosage and Directions".

Name of Medication	Dosage and Directions
APHEN	(Unspecified) MG (Unspecified) Tylenol, direction not noted X INDEF
EPINEPHRINE	0.3 MG/0.3ML SOLUTION AUTO-INJECTOR as needed X INDEF

Below the table are two buttons: "Add" and "No Current Medications". A red arrow points to the "Edit" button next to the APHEN entry.

- A pop-up window will open. Enter details of why you are requesting to change the medication. Select **Save**.

The screenshot shows a pop-up window titled "Edit Medication".

Please specify the requested change and details to this medication:  
**APHEN; Dosage: (Unspecified) MG (Unspecified) Tylenol, direction not noted X INDEF**

No longer taking this medication (please give discontinuation date and reason below)  
 Never started this medication  
 Taking medication but Dosage/Directions are not correct (please supply the correction below)

Details

\_\_\_\_\_

Save Cancel

- If your child does not take any medications, select **No Current Medications**.

The screenshot shows the "Medications" table with the text "No Current Entries" in the main area. Below the table are two buttons: "Add" and "No Current Medications". A red arrow points to the "No Current Medications" button.

**Medical Conditions:** Enter any medical conditions for which your child has received medical care within the last 5 years.

- To add a new medical condition, select **Add**.

The screenshot shows a table titled "Medical Conditions" with four rows of conditions, each with an "Edit" button on the right.

Abnormal vision	Edit
Asthma requiring more than one medication	Edit
Migraine (Age = 1)	Edit
Severe allergic reaction requiring epipen	Edit

Below the table are two buttons: "Add" and "No Known Medical Conditions". A red arrow points to the "Add" button.

2. Select any condition from the list of most common medical conditions by clicking on it. If you do not see a condition on the list, select **Add Other Conditions**.

**Add Medical Condition**

Medical

Only enter Medical Conditions for which you have received medical care within the last 5 years.  
Select Items directly from the list below or select **Add Other Conditions** to add items that are not on the list.

Acne	ADD/ADHD	Allergic Rhinitis/Hay Fever
Anxiety	Asthma/Reactive Airway Disease	Atopic Dermatitis/Eczema
Depression	Diabetes	Environmental Allergies
Headache	Hearing Loss/Disorders	Heart Conditions
History of Bone/Joint Problems	History of Concussion	Lactose Intolerance
Migraines	Scotiosis	Seizure Disorder
Vision Disturbance/Glasses		

**Add Other Conditions** Please use the **Add Other Conditions** button for significant items not included in the list above.

**Save** **Cancel**

**Add Other Conditions**

Problem

Approximate Age at Onset

Comment

**Save** **Cancel**

3. To edit any of the listed medical conditions, select **Edit**.

**Medical Conditions**

Abnormal vision	<b>Edit</b>
Asthma requiring more than one medication	<b>Edit</b>
Migraine (Age = 1)	<b>Edit</b>
Severe allergic reaction requiring epipen	<b>Edit</b>

**Add** **No Known Medical Conditions**

4. A pop-up window will open. Enter details of why you are requesting to change the medical history. Select **Save**.

**Edit Medical History**

Please specify the requested change to this problem:

**Abnormal vision**

The problem description and/or date are incorrect/incomplete (please supply details below)

Details (as needed)

**Save** **Cancel**



Hospitalizations and Surgeries: You will go through the same process as above to enter Hospitalizations and Surgeries/Procedures within the last 5 years or related to a current medical condition. Include the approximate date.

**After you finish editing the Health History, remember to select Done at the top or bottom of the page to save all of your changes!**

**Physical Evaluation:** If a Physical Evaluation form is required for the upcoming school year, you will see **Physical Evaluation (PE) Form** as a requirement on the Medical Clearance page.

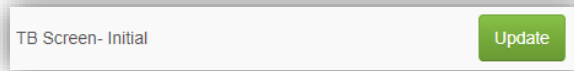
1. To add the PE form, select **Update**.

2. Select **Upload** to upload the PE as a scanned PDF or picture from your device.  
*NOTE: Only the second page of the PE form which is signed by your child's health care provider is required to be uploaded to the portal. Do not upload the first page - this is to be completed prior to your child's physical and is for your child's health care provider's reference.*

3. Once uploaded, you will be able to review the document before submitting it.
4. Select **Looks Good**.
5. Then select **Save**.

## TB Screen: New Students and all High School Students

1. To complete the TB requirements, select **Update** to open the TB screen questionnaire.



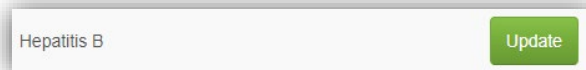
A rectangular button with a light gray background and a thin border. On the left side, the text "TB Screen- Initial" is displayed in a dark gray font. On the right side, there is a green button with the word "Update" in white text.

2. Answer all 11 questions and select **Submit** on the bottom of the screen.
3. If you answered “No” or “N/A” to all of the questions, no additional requirements are needed, and this satisfies your child’s TB screening requirement for medical clearance.
4. If you answered “Yes” to any of the questions, you will need to provide TB Clearance obtained by your primary care provider.

## Additional New Student Requirements

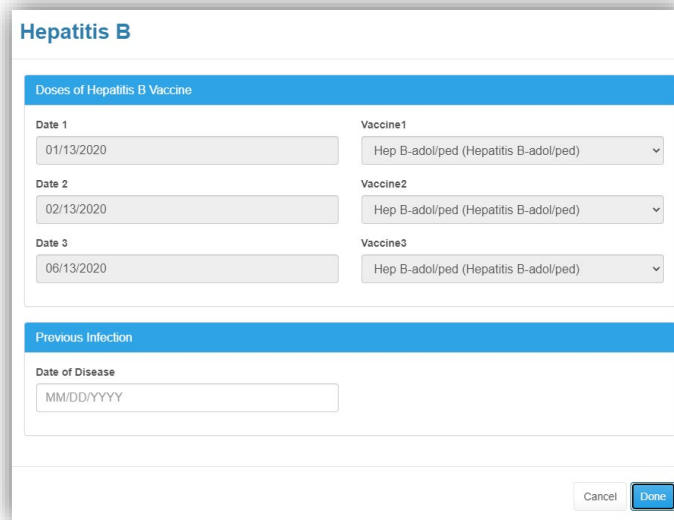
Entering Immunizations: Required immunizations should be entered in the parent portal.

1. Select **Update** next to the immunization you wish to update. A pop-up window will open.



A rectangular button with a light gray background and a thin border. On the left side, the text "Hepatitis B" is displayed in a dark gray font. On the right side, there is a green button with the word "Update" in white text.

2. Enter the date of vaccination in the format of MM/DD/YYYY.
3. Select the vaccine type from the drop-down menu.
4. Enter all doses, then select **Done** to save the information and close the window.

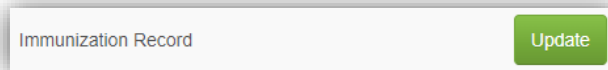


A screenshot of a web form titled "Hepatitis B". The form has a blue header bar with the title. Below the header, there is a section titled "Doses of Hepatitis B Vaccine" with a blue background. This section contains three rows of input fields. Each row has a "Date" field and a "Vaccine" field. The first row shows "Date 1" with the value "01/13/2020" and "Vaccine1" with a dropdown menu showing "Hep B-adol/ped (Hepatitis B-adol/ped)". The second row shows "Date 2" with the value "02/13/2020" and "Vaccine2" with a dropdown menu showing "Hep B-adol/ped (Hepatitis B-adol/ped)". The third row shows "Date 3" with the value "06/13/2020" and "Vaccine3" with a dropdown menu showing "Hep B-adol/ped (Hepatitis B-adol/ped)". Below this section is another section titled "Previous Infection" with a blue background. It contains a "Date of Disease" field with the placeholder text "MM/DD/YYYY". At the bottom right of the form, there are two buttons: "Cancel" and "Done".

5. Repeat steps for each vaccine.

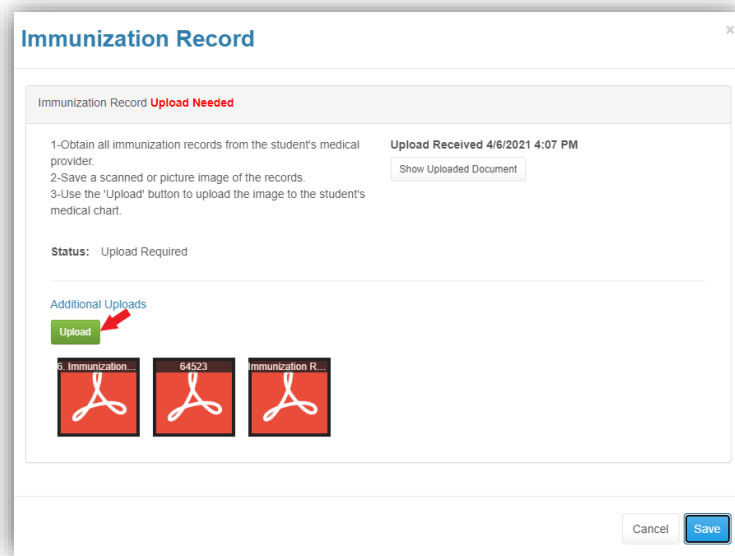
**Immunization Record:** A copy of your child’s immunization record is required. *If you have an immunization exemption, please call your designated health room for further assistance.*

1. Select **Update** next to Immunization Record. A pop-up window will open.



A rectangular button with a light gray background and a thin border. On the left side, the text "Immunization Record" is displayed in a dark gray font. On the right side, there is a green button with the word "Update" in white text.

2. Select **Upload** to upload the immunization record as a scanned PDF or picture from your device.



3. Once uploaded, you will be able to review the document before submitting it.
4. Select **Looks Good**.
5. Then select **Save**.

### Additional 7th Grade Immunization Requirements

1. The Hawai'i Department of Health also requires that all students entering 7th grade receive the following immunizations:
  - a. Tetanus, Diphtheria and Acellular Pertussis (Tdap)
  - b. Two (2) doses of Human Papilloma Virus (HPV)
  - c. Meningococcal Conjugate Vaccine (MCV)
2. Please upload an immunization record that documents receipt of these immunizations in the Form Download/Upload section.

### Completion of Medical Clearance

1. After you have entered all required information for Medical Clearance, the information will be automatically sent to the nurse for review.
2. Once the information is reviewed and verified, your student's overall medical clearance will change to *Compliant*. Within the Medical Clearance tab, the Overall Clearance Status will update to show a green checkmark and Satisfied.
3. This information will be reflected in Infinite Campus the following day.

## Additional Items NOT Required for Clearance

1. At the bottom of the Medical Clearances page there is a section where you can upload/complete additional items that are not required for medical clearance.

Additional items NOT required for clearance:

Clearance		Status	Details
COVID-19 Testing Consent SY22-23	<a href="#">Update</a>	<span>✖</span> Not Compliant	No Data ⓘ
COVID-19 Testing Consent SY23-24	<a href="#">Update</a>	<span>✖</span> Not Compliant	No Data ⓘ
COVID-19 Vaccine	<a href="#">Update</a>	<span>✖</span> Not Compliant	Not Satisfied ⓘ

COVID-19 Testing Consent: Complete this section if you would like to give consent for your child to get tested for COVID through take home rapid antigen test kits or rapid antigen testing administered by KS personnel.

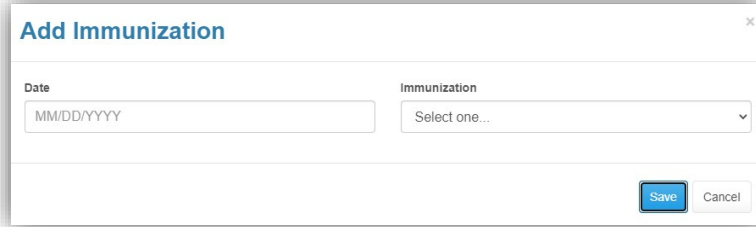
1. Select **Update** next to COVID-19 Testing Consent SY23-24. A pop-up window will open.
2. At the bottom of the consent form, type your full name and check the “I agree” box.
3. Select **Submit Final**.

COVID-19 Vaccine: Complete this section if your child has received any COVID-19 vaccines.

1. Select **Update** next to COVID-19 vaccine. A pop-up window will open.
2. Select **Upload** to upload a copy of your child’s COVID vaccination card as a scanned PDF or picture from your device.

3. Once uploaded, you will be able to review the document before submitting it.
4. Select **Looks Good**.
5. Enter the immunizations by selecting **Add Immunizations**.

6. Enter the immunization date and immunization type, then select **Save**.



The screenshot shows a dialog box titled "Add Immunization". It contains two input fields: "Date" with a placeholder "MM/DD/YYYY" and "Immunization" with a dropdown menu showing "Select one...". At the bottom right, there are two buttons: "Save" (highlighted in blue) and "Cancel".

7. After verifying that the COVID vaccine card has been uploaded and immunizations have been entered, select **Done**.