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# Mo'omō'ali Olakino (EHR)

## Medical Clearance Guide for K-12 Parents

January 2024

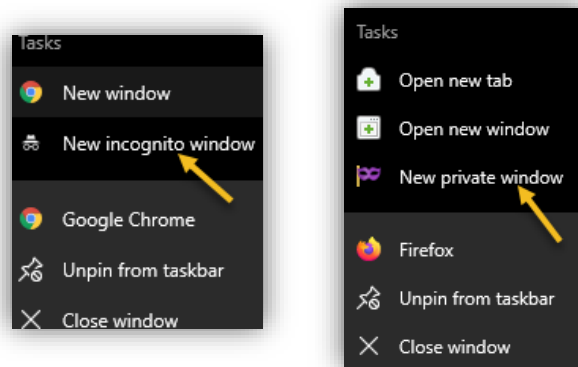
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## Logging In

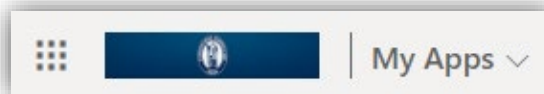
1. Use Chrome Incognito Window or Firefox Private Window for your browser.

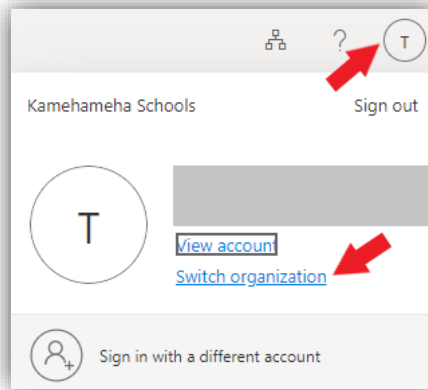


2. Go to <https://ohana.ksbe.edu/> and log in using your personal email that is on record with KS.

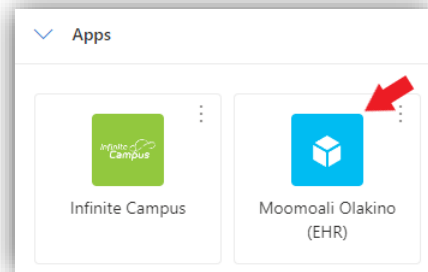


3. It should have the Kamehameha Schools icon on the upper left-hand corner. If it doesn't, click on the icon on the upper right-hand corner, then select 'Switch organization' and select your Kamehameha Schools account.

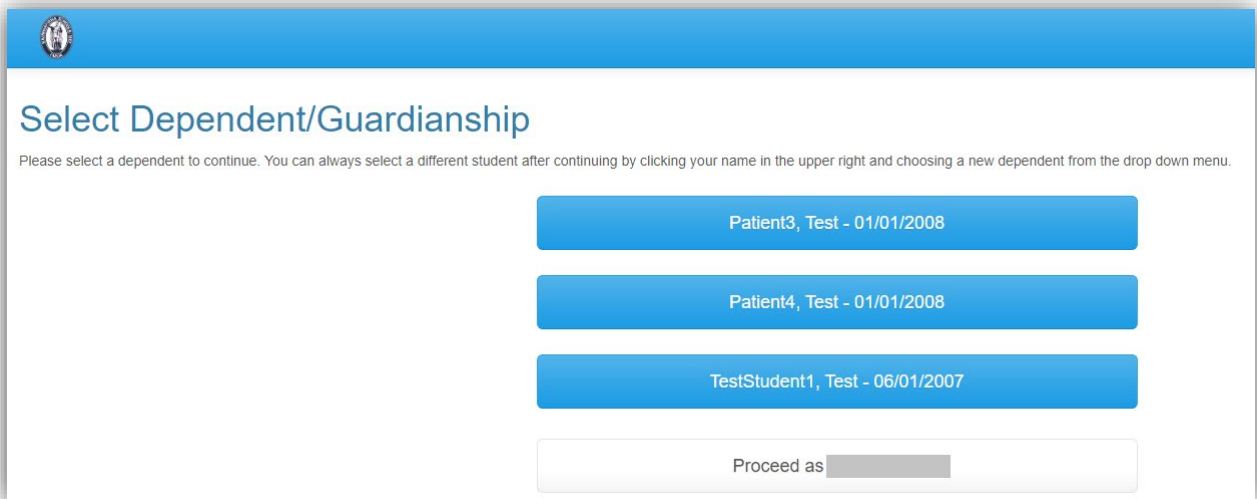




4. Once in your Kamehameha Schools account, select the Mo'omō'ali Olakino application.



5. Select the child you wish to complete medical clearance requirements for.



- a. Note: At the bottom of the list, you will see the option to “Proceed as <your name>”. **Do NOT select this option.**

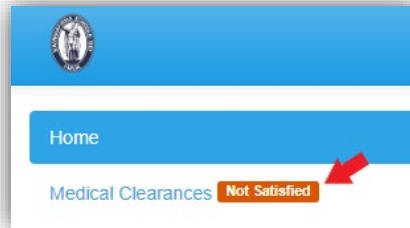
- b. If you accidentally select this option, click on your name in the upper right-hand corner, then select the child you wish to complete medical clearance requirements for.

6. Once logged in, the Home page will appear with your child's name. **Ensure that you are in your child's Home page before completing requirements, uploading documents, and sending secure messages to the Health Room.**

## How to Complete Medical Clearance Requirements

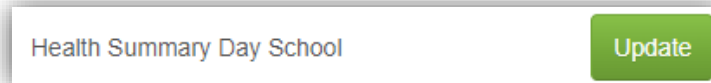
1. Select **Medical Clearance** to view the necessary requirements to complete medical clearance.

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

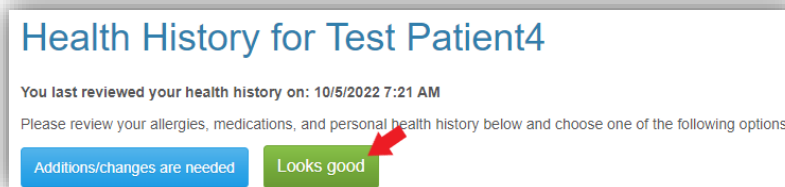


**Health Summary:** Required every year prior to the start of school and can be updated throughout the school year.

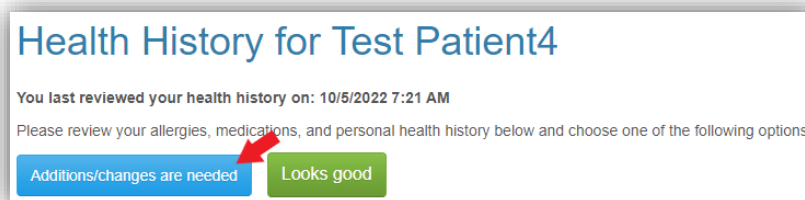
1. Select **Update** next to *Health Summary Day School*.



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



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



**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](#)

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

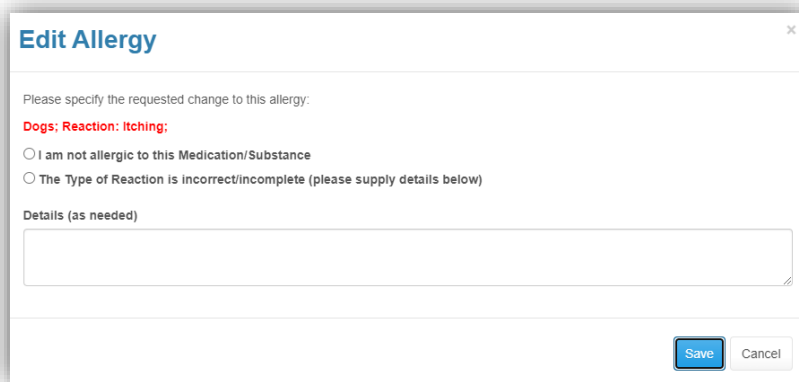
[Save](#) [Cancel](#)

- To edit any of the listed allergies, select **Edit**.  
*Note: If you would like to remove an allergy that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider's note stating that the student is no longer allergic to the item is required. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*

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](#)

- 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)

**Save** **Cancel**

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



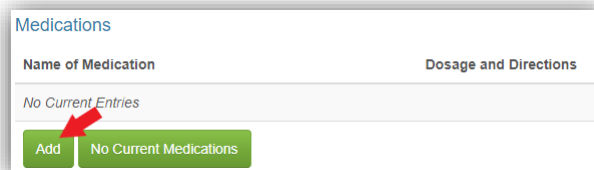
**Allergies**

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

**Add** **No Known Allergies**

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

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



**Medications**

Name of Medication	Dosage and Directions
No Current Entries	

**Add** **No Current Medications**

- A pop-up window will open. Enter the medication name, dosage, and frequency. Do not abbreviate any medication names.
- Select **Save**.



**Add Medication**

Name of Medication

Dosage of Medication

**Save** **Cancel**

4. 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.
  - a. Go to the **Form Download/Upload** section, then scroll to **Request for Administration of Medication (RAM)**.
  - b. Select **Download** to download the RAM form.
  - c. Complete the form then select **Upload** to upload the RAM as a scanned PDF or picture from your device.

The screenshot shows a web interface with a sidebar on the left containing links: 'Form Download/Upload', 'Forms', 'Lab Results', 'Parent Visit Summary', 'Immunization History', and 'Change Student'. The main content area is titled '7. Request for Administration of Medication (RAM)- K to 12 only'. It contains a list of instructions: 1-Download the form, 2-Review the instructions, then complete and sign the form (Page 2), 3-Save a scanned or picture image of the form, and 4-Use the Upload button to upload the form (Page 2) to the student's medical chart. Below the instructions, there is a 'Download' section with 'Preview' and 'Download' buttons, and an 'Upload' section with an 'Upload' button. Red arrows point to the 'Form Download/Upload' link, the 'Download' button, and the 'Upload' button. The status at the bottom is 'Status: Upload Required'.

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

The screenshot shows a 'Medications' section with a table. The table has two columns: 'Name of Medication' and 'Dosage and Directions'. The first row is for 'APHEN' with dosage '(Unspecified) MG (Unspecified) Tylenol, direction not noted X INDEF'. The second row is for 'EPINEPHRINE' with dosage '0.3 MG/0.3ML SOLUTION AUTO-INJECTOR as needed X INDEF'. To the right of each row is an 'Edit' button. At the bottom left, there are two buttons: 'Add' and 'No Current Medications'. A red arrow points to the 'Edit' button for APHEN.

6. 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'. It contains the text 'Please specify the requested change and details to this medication:' followed by the medication name and dosage: 'APHEN; Dosage: (Unspecified) MG (Unspecified) Tylenol, direction not noted X INDEF'. There are three radio button options: 'No longer taking this medication (please give discontinuation date and reason below)', 'Never started this medication', and 'Taking medication but Dosage/Directions are not correct (please supply the correction below)'. Below these options is a text area labeled 'Details'. At the bottom right, there are 'Save' and 'Cancel' buttons.

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



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

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

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**.

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

*Note: If you would like to remove a medical condition that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider's note stating that the student no longer has the medical condition is required. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*

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

**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!**

**TB Screen:** Required for new students.

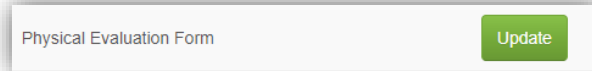
1. To complete the TB requirements, select **Update** next to *TB Screen- Initial*.

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.

**Physical Evaluation Form:** Required for new students and returning students entering grades 3, 5, 7, 9, and 11.

1. Select **Update** next to *Physical Evaluation Form*. A pop-up window will open.



2. Select **Download** to download a copy of the Physical Evaluation form.

 A screenshot of a larger pop-up window titled "Physical Evaluation Form" with a close button (X) in the top right corner. The window has a light gray header bar with the title. Below the header, there is a section titled "Physical Evaluation Form Upload Needed" in red text. This section contains four numbered instructions:
 

- 1-Download the physical exam form.
- 2- Have it completed and signed by the the student's regular medical provider.
- 3-Save a scanned or picture image of ONLY the Physical Evaluation form (page 2).
- 4- Use the Upload button to upload the form to the student's medical chart.

 Below the instructions, there is a note: "\*\*\*To participate in a sport, a student-athlete must have a physical exam completed at least every 13 months."
   
 The window is divided into two main sections. The left section is titled "Download" and contains a "Preview" button and a green "Download" button. A red arrow points to the "Download" button. The right section is titled "Upload" and contains a green "Upload" button.
   
 At the bottom left, it says "Status: Upload Required". At the bottom right, there are "Cancel" and "Save" buttons.

3. Select **Upload** to upload the completed 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.*

 A screenshot of the same "Physical Evaluation Form" pop-up window. In this view, the "Upload" button in the right section is highlighted with a red arrow. The rest of the content, including the instructions and the "Download" section, remains the same.

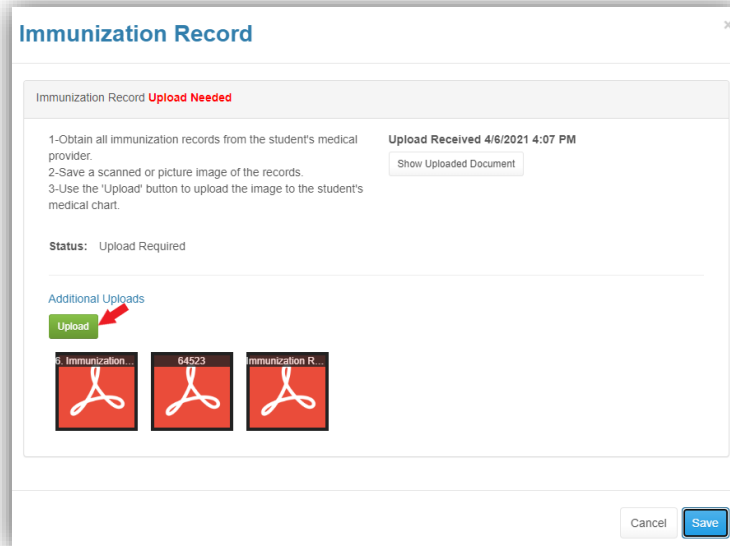
4. Once uploaded, you will be able to review the document before submitting it.
5. Select **Looks Good**.
6. Then select **Save**.

**Immunization Record:** An up-to-date immunization record is required for all new students. *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.



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. Upload an immunization record that shows that your child received these immunizations.
  - a. Go to the **Form Download/Upload** section, then scroll to **Immunization Record**.
  - b. Select **Upload** to upload the immunization record as a scanned PDF or picture from your device.

The screenshot shows a web interface for medical clearance. On the left is a sidebar with links: 'Form Download/Upload' (highlighted with a red arrow), 'Forms', 'Lab Results', 'Parent Visit Summary', and 'Immunization History'. The main content area is titled '4. Immunization Record (Grades K to 12)'. It contains three numbered instructions: 1-Obtain all immunization records from the student's medical provider, 2-Save a scanned or picture image of the records, and 3-Use the 'Upload' button to upload the image to the student's medical chart. An 'Upload' button (highlighted with a red arrow) is located to the right of these instructions. Below the instructions, the status is shown as 'Status: Upload Required'.

## 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

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.

**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.

Additional items NOT required for clearance:

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

1. Select **Update** next to COVID-19 Testing Consent. 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**.

The screenshot shows a pop-up window for the COVID-19 Testing Consent form. It contains a text input field labeled '\*\* Type your full name', a checkbox labeled 'I agree\*\*', and a blue button labeled 'Submit Final'. Below the button is a link that says 'Click here to submit the final content of the form' and a note in parentheses: '(You cannot change items after the form has been submitted.)'.