
Mo'omō'ali Olakino (EHR) Parent Portal

Medical Clearance Guide for K-12 Parents

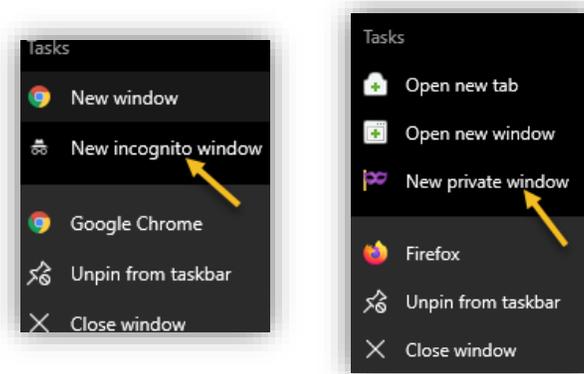
March 2026

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Logging In

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

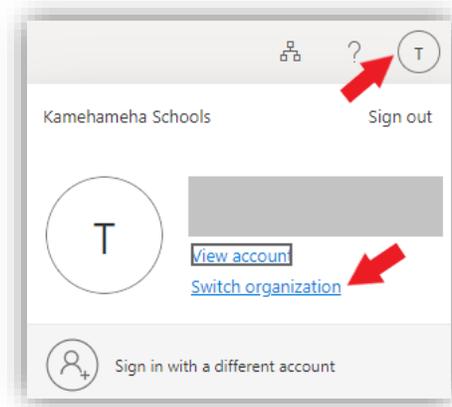


2. Go to <https://ohana.ksbe.edu/> and log in using your personal email that is on record with KS.

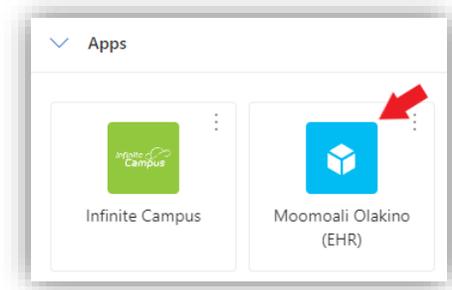


3. It should have the Kamehameha Schools icon on the upper left-hand corner. If it doesn't, click on the icon on the upper right-hand corner, then select 'Switch organization' and select your Kamehameha Schools account.

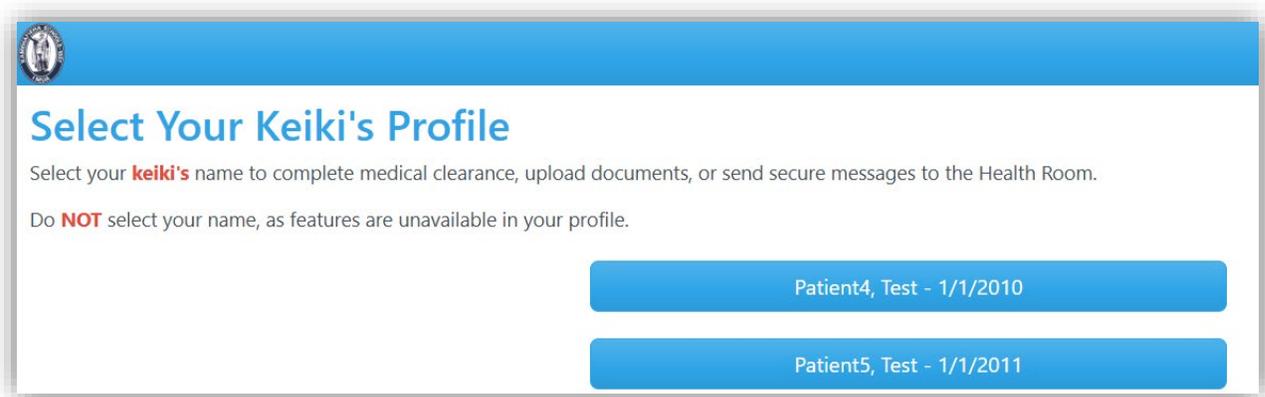




4. Once in your Kamehameha Schools account, select the Mo'omō'ali Olakino application.



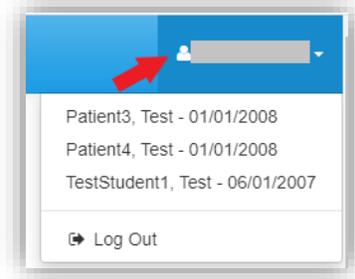
5. Select the child you wish to complete medical clearance for.



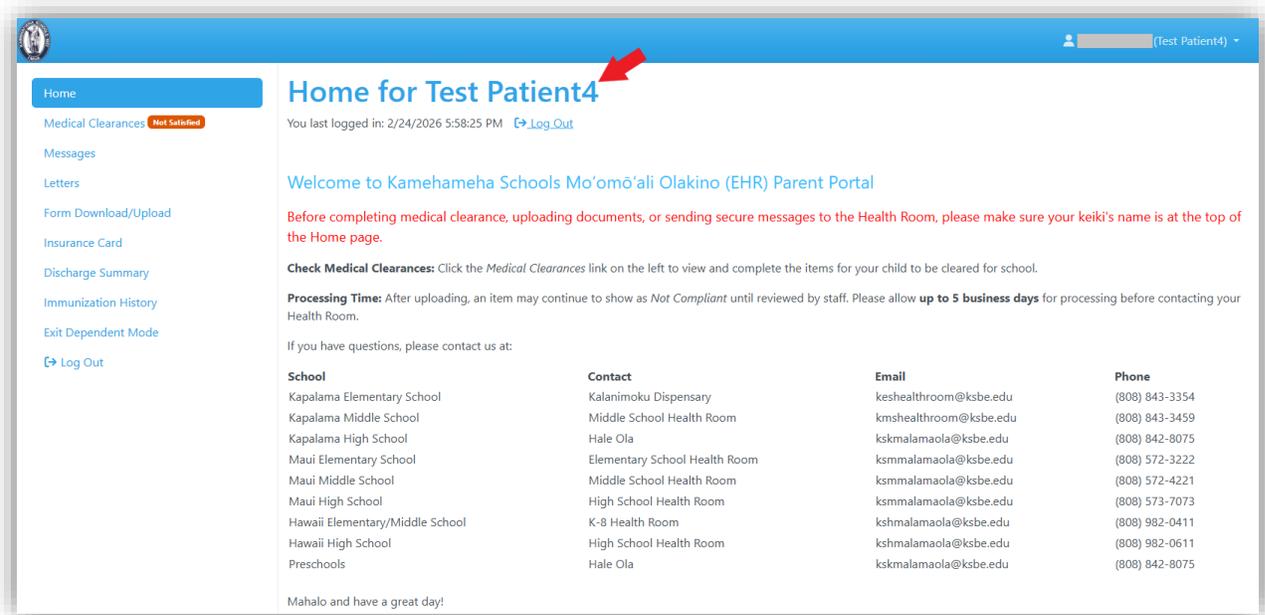
- a. Note: At the bottom of the list, you will see the option to "Proceed as <your name>". **Do NOT select this option.**



- 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 for.



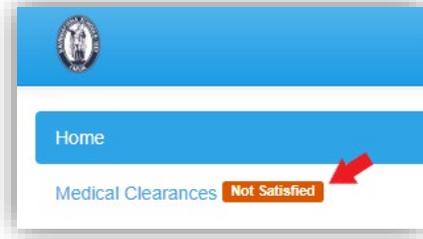
- Once logged in, the Home page will appear with your child’s name. **Ensure that you are in your child’s Home page before completing medical clearance, uploading documents, and sending secure messages to the Health Room.**



Complete Medical Clearance

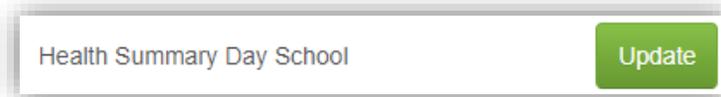
1. Select **Medical Clearance** to view the necessary criteria to complete medical clearance.

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



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

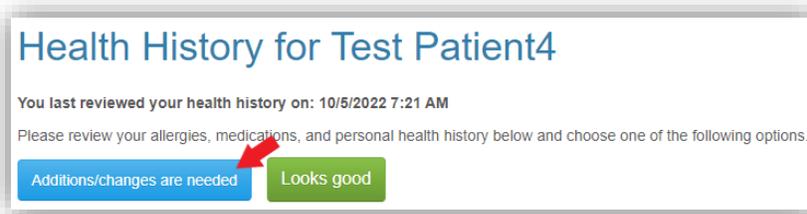
1. Select **Update** next to *Health Summary Day School*.



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

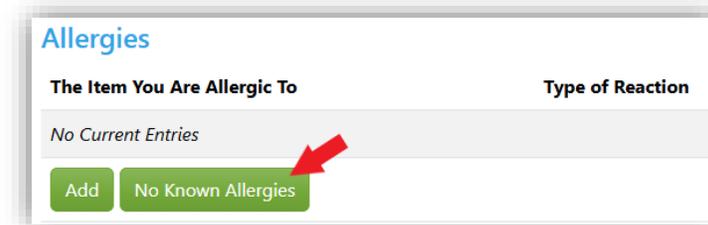


4. If anything needs to be added or changed, select **Additions/changes are needed**.

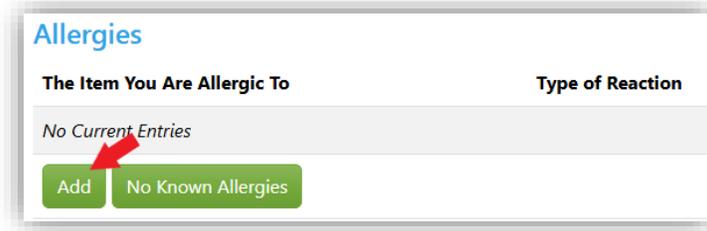


Allergies: Enter any allergies, including food and medication allergies, that your child has.

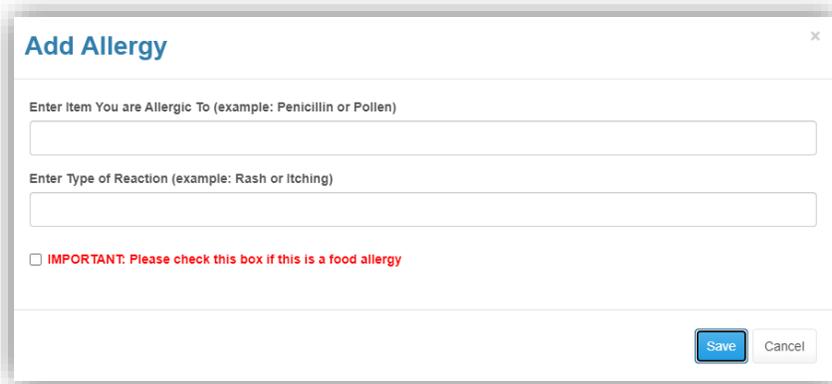
1. If your child does not have any allergies, select **No Known Allergies**.



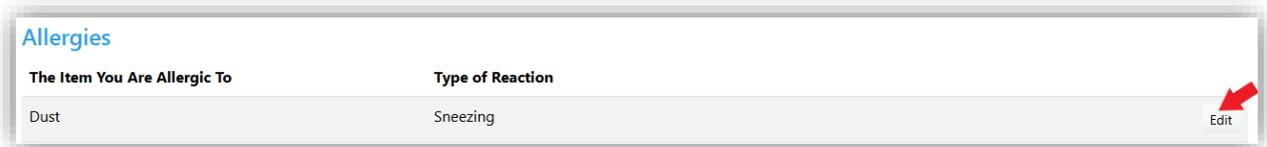
2. Select **Add** to add an allergy to your child’s health history.



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



6. 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 needed. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*



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

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

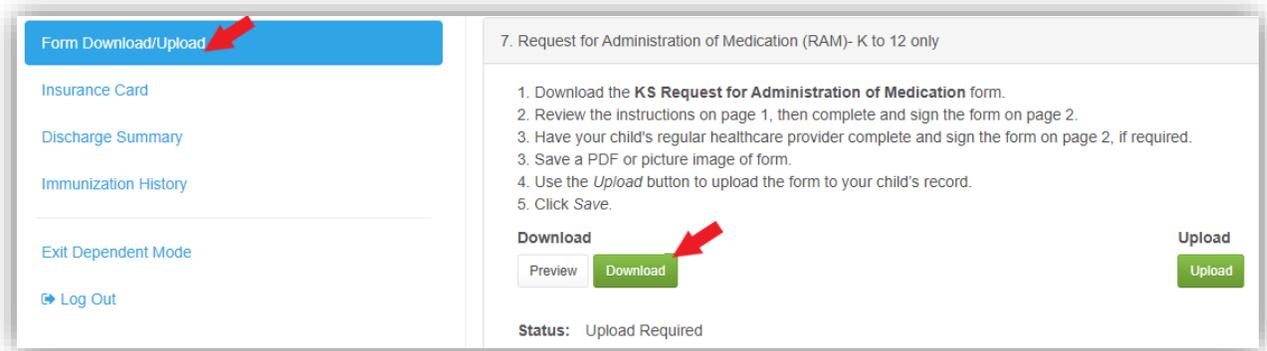
1. If your child does not take any medications, select **No Current Medications**.

2. To add the medication, select **Add**.

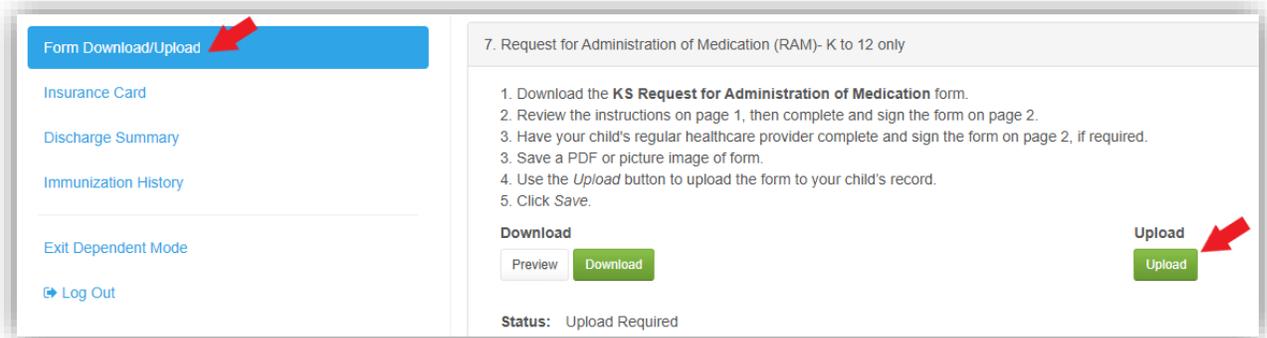
3. A pop-up window will open. Enter the medication name, dosage, and frequency. Do not abbreviate any medication names.
4. Select **Save**.

5. If the medication will be administered during school hours, either by Health Room staff or self-administered by your child, please complete a separate Request for Administration of Medication (RAM) form for each individual medication.

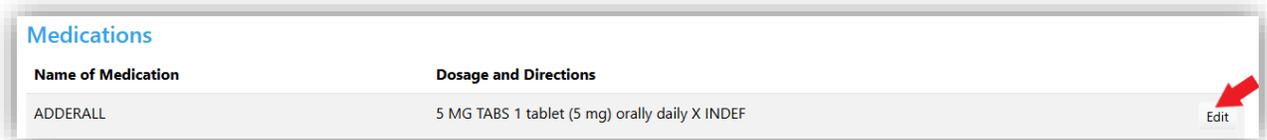
- a. Go to the **Form Download/Upload** section, then scroll to **Request for Administration of Medication (RAM)**.
- b. Select **Download** to download the RAM form.



- c. Complete the form then select **Upload** to upload the RAM as a scanned PDF or picture from your device.



- d. Once uploaded, you will be able to review the document before submitting it.
 - e. Select **Looks Good**.
 - f. Then select **Save** at the bottom of the page.
6. To edit any of the listed medications, select **Edit**.



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

Edit Medication [X]

Please specify the requested change and details to this medication:

ADDERALL; Dosage: 5 MG TABS 1 tablet (5 mg) orally daily 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]

Medical Conditions: Enter any medical conditions for which your child has received medical care within the last 5 years and/or have required an overnight admission to the hospital.

1. If your child does not have any medical conditions, select **No Known Medical Conditions**.

Medical Conditions

No Current Entries

[Add] [No Known Medical Conditions]

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

Medical Conditions

No Current Entries

[Add] [No Known Medical Conditions]

3. Select any condition from the list of most common medical conditions by clicking on it.

Add Medical Condition

Medical

Only enter Medical Conditions for which you have received medical care within the last 5 years and/or have required an overnight admission to the hospital.

In the comments section of the medical condition, **please indicate the severity of the condition and any triggers that might cause the condition to flare or worsen.**

Select Items directly from the list below or select **Add Other Conditions** to add items that are not on the list.

ADD/ADHD	Allergic Rhinitis/Hay Fever
Anxiety	Asthma/Reactive Airway Disease
Atopic Dermatitis/Eczema	Concussion (current)
Concussion (resolved)	Depression
Diabetes	Environmental Allergies
Headache	Hearing Loss/Disorders
Heart Conditions	Migraines
Scoliosis	Seizure Disorder
Vision Disturbance/Glasses	

4. In the comments section of the medical condition, please indicate the severity of the condition and any triggers that might cause the condition to flare or worsen. Select **Save**.

Allergic Rhinitis/Hay Fever X

Approximate Age at Onset

Comment

Save Cancel

5. If you do not see a condition on the list, select **Add Other Conditions**, enter condition details, then select **Save**.

Add Other Conditions

Problem

Approximate Age at Onset

Comment

Save Cancel

6. 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 needed. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*

Medical Conditions

Anxiety Edit

7. 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:

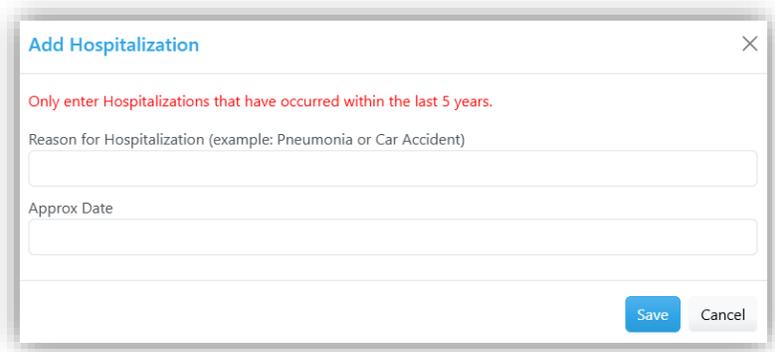
Anxiety

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

Details (as needed)

Save Cancel

Hospitalizations and Surgeries: 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.



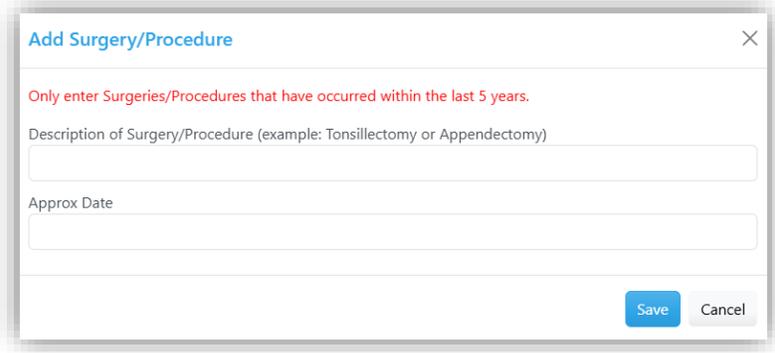
Add Hospitalization [Close]

Only enter Hospitalizations that have occurred within the last 5 years.

Reason for Hospitalization (example: Pneumonia or Car Accident)

Approx Date

Save Cancel



Add Surgery/Procedure [Close]

Only enter Surgeries/Procedures that have occurred within the last 5 years.

Description of Surgery/Procedure (example: Tonsillectomy or Appendectomy)

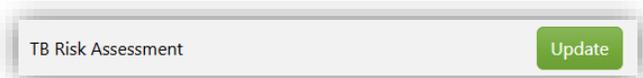
Approx Date

Save Cancel

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!

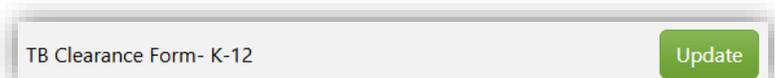
TB Risk Assessment: Completed by new students.

1. Select **Update** next to *TB Risk Assessment*.



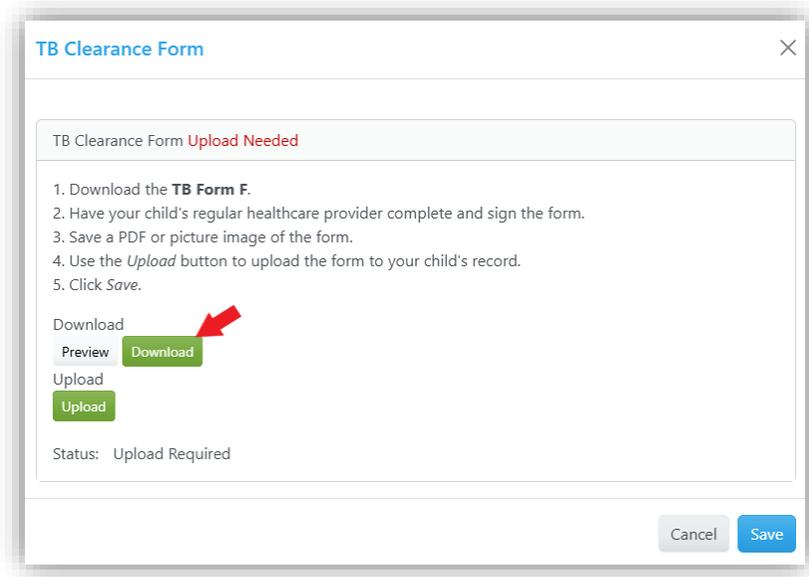
TB Risk Assessment [Update]

2. Answer all 11 questions and select **Submit** at the bottom of the screen.
3. If you answered 'No' or 'N/A' to all of the questions, this satisfies your child's TB Risk Assessment for medical clearance.
4. If you answered 'Yes' to any of the questions, you will need to provide TB Clearance obtained by your child's primary healthcare provider.
 - a. **TB Clearance Form- K-12** will be added. Select **Update**.

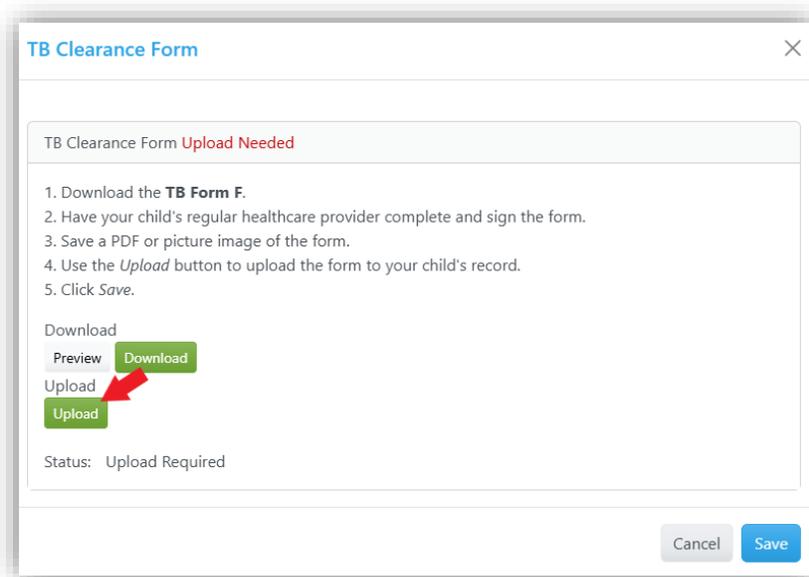


TB Clearance Form- K-12 [Update]

- b. Select **Download** to download a copy of Form F to be completed by your child's provider.



- c. Select **Upload** to upload the completed Form F as a scanned PDF or picture from your device.



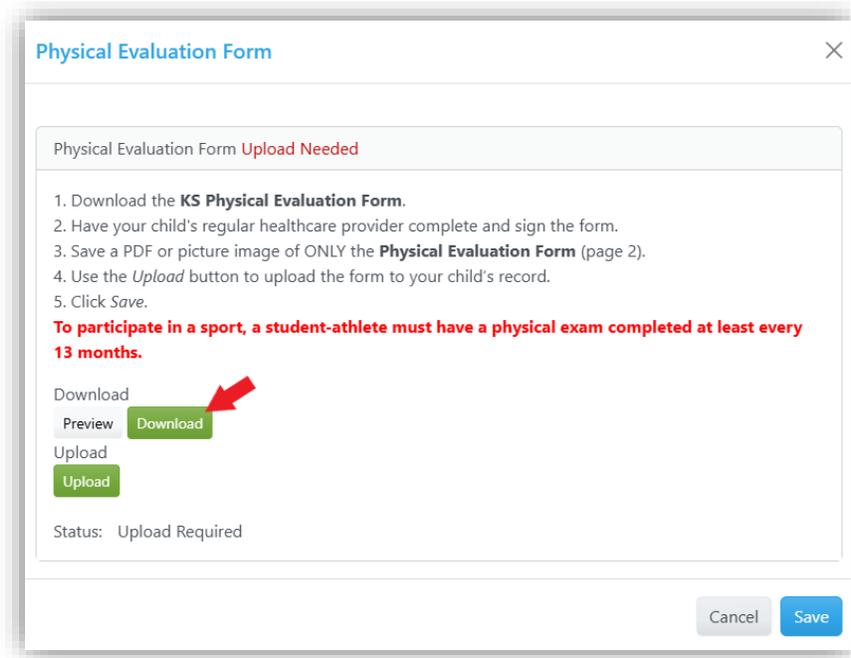
- d. Once uploaded, you will be able to review the document before submitting it.
- e. Select **Looks Good**.
- f. Then select **Save**.

Physical Evaluation Form: Submitted by 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.

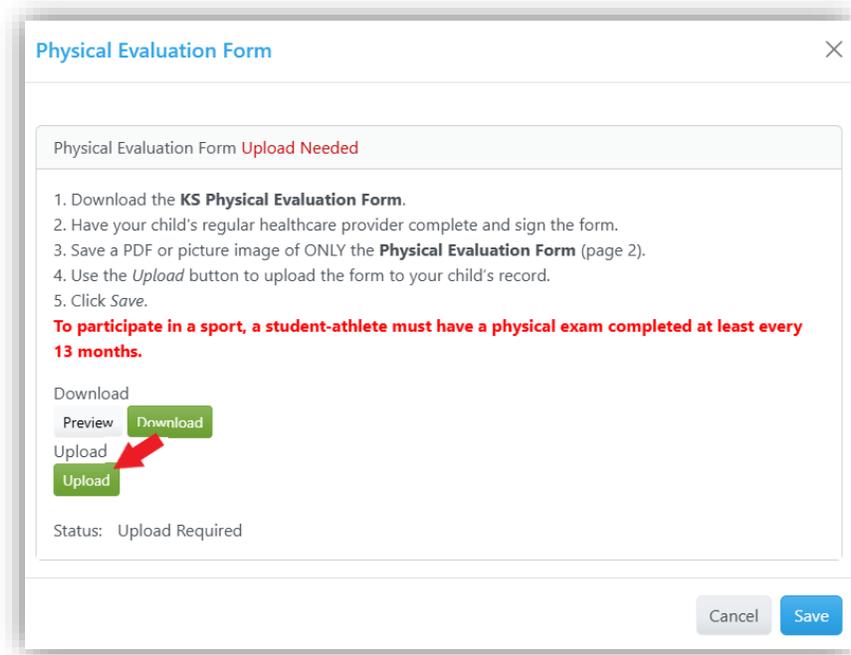


2. Select **Download** to download a copy of the Physical Evaluation form.



3. Select **Upload** to upload the completed Physical Evaluation form as a scanned PDF or picture from your device.

NOTE: Only the page signed by your child's health care provider should 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.



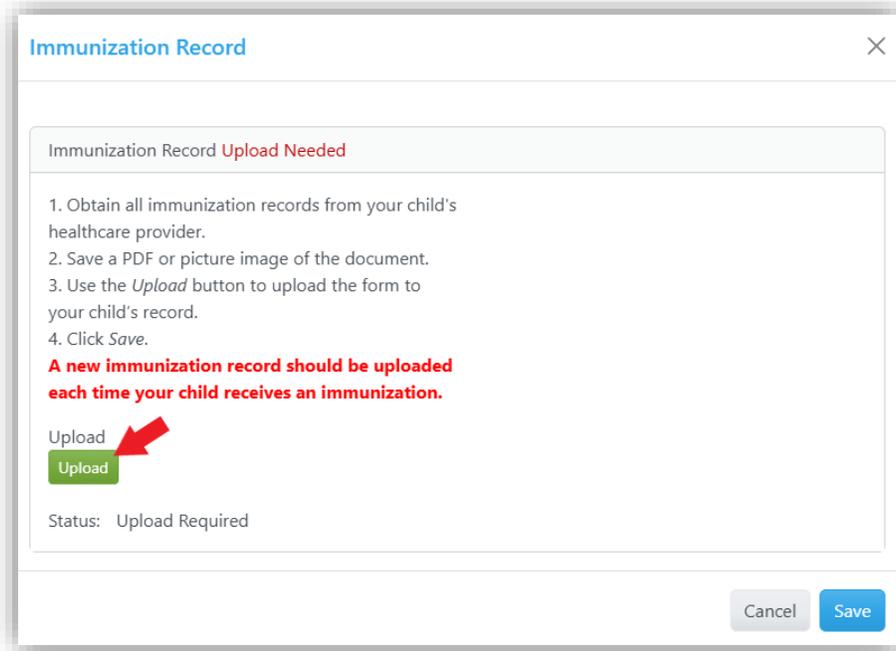
4. Once uploaded, you will be able to review the document before submitting it.
5. Select **Looks Good**.
6. Then select **Save**.

Immunization Record: All new students submit an immunization record with up-to-date immunizations. *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.



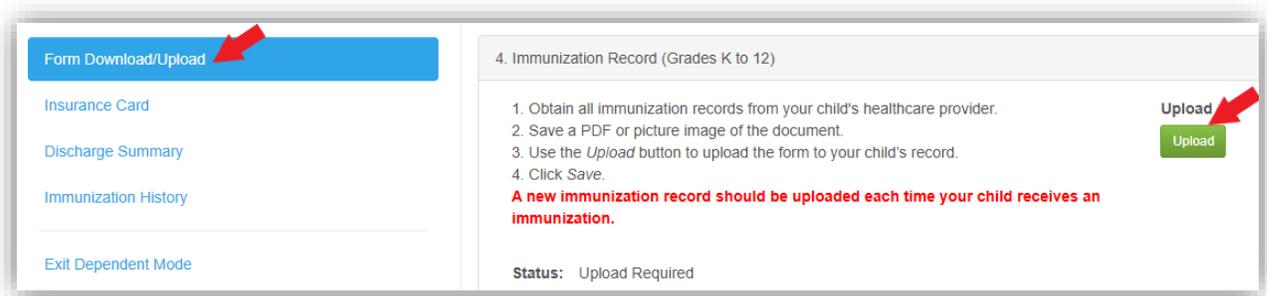
2. Select **Upload** to upload the immunization record as a scanned PDF or picture from your device.



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 Immunizations

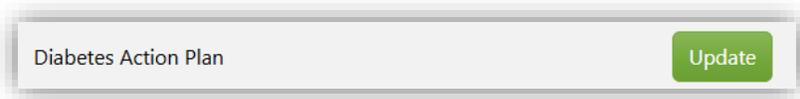
1. The Hawai'i Department of Health also requires that all students entering 7th grade receive the following immunizations:
 - a. Tetanus, Diphtheria and Acellular Pertussis (Tdap)
 - b. Two (2) doses of Human Papilloma Virus (HPV)
 - c. Meningococcal Conjugate Vaccine (MCV)
2. Upload an immunization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



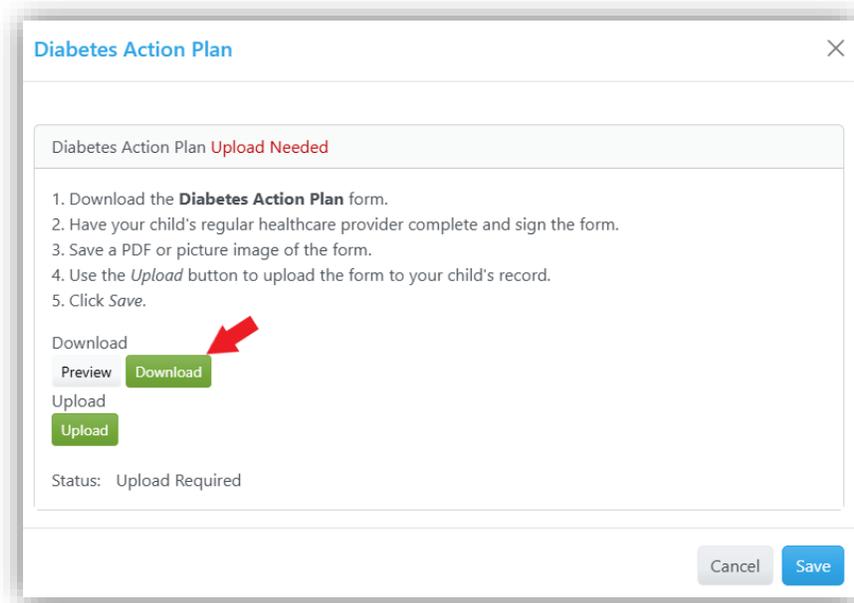
- c. Once uploaded, you will be able to review the document before submitting it.
- d. Select **Looks Good**.
- e. Then select **Save** at the bottom of the page.

Medical Conditions and Additional Forms

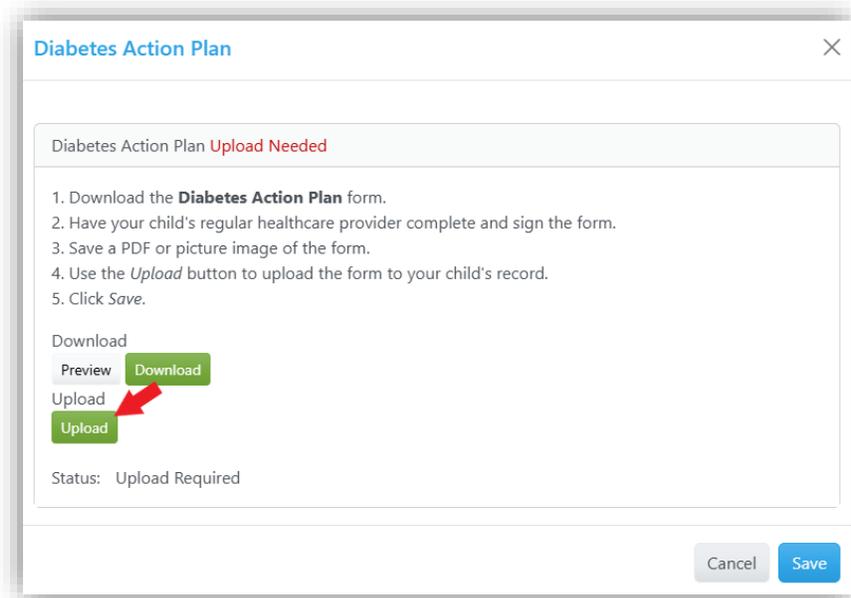
1. If your child has **diabetes, seizures, asthma, and/or severe allergic reactions**, please complete additional forms and/or intake form questionnaires to ensure that your child can safely participate in school and activities.
2. A nurse will review your child’s chart and determine if there are additional forms and/or intake form questionnaires for completion. These will be displayed in the **Medical Clearances** section of the EHR Parent Portal for you to complete.
3. Select **Update** next to the additional medical clearance item.



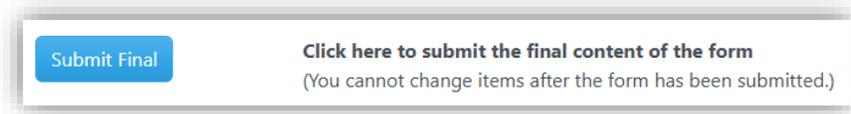
4. Forms:
 - a. A pop-up window will open.
 - b. Select **Download** to download a copy of the form.



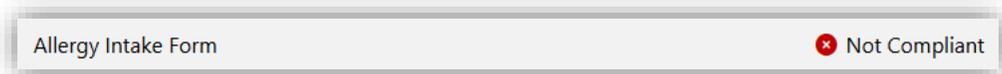
- c. Select **Upload** to upload the completed form as a scanned PDF or picture from your device.



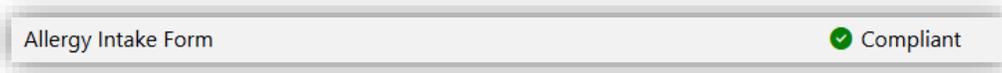
- d. Once uploaded, you will be able to review the document before submitting it.
 - e. Select **Looks Good**.
 - f. Then select **Save**.
5. Intake form questionnaires: Answer all questions and select **Submit Final** at the bottom of the screen.



6. After submitting your form or intake form questionnaire, the Status will show as 'Not Compliant' until reviewed by a nurse.



7. Once a nurse has reviewed the form or intake form questionnaire responses, the item will turn 'Compliant'.



Completion of Medical Clearance

1. After you have entered all information for medical clearance, the information will be automatically sent to the nurse for review.
2. Please allow 5 business days for processing before reaching out to your designated Health Room.
3. A nurse will contact you if any further information is needed regarding your child's medical condition, allergies, and/or medications.
4. Once all information is reviewed and verified, the **Overall Clearance Status** will have a green checkmark in the Medical Clearances tab.

Overall Clearance Status: 

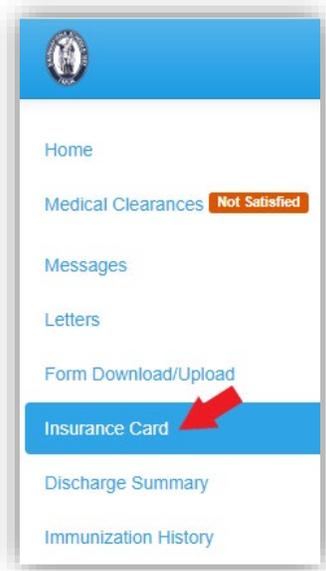
5. This information will be reflected in Infinite Campus the following day.

Residential Life Students

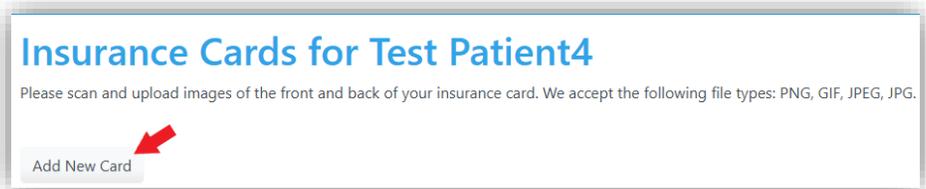
Uploading Insurance Card

If your child is a Residential Life student, please upload their medical insurance information.

1. Select **Insurance Card** on the left-hand panel.



2. Select **Add New Card**.



3. Enter your insurance card details in the pop-up.

Add Insurance Card

Member Name **Upload Front Image**

Member ID **Upload Back Image**

Group Number

Plan Provider

Plan Type

Copay

Full Address

Web Address

Phone Number

Save **Cancel**

4. Upload a picture of the front of your insurance card by selecting **Upload Front Image** and selecting a scanned PDF or picture from your device.



5. Once uploaded, you will be able to review the document before submitting it.
6. Select **Looks Good**.
7. Upload a picture of the back of your insurance card by selecting **Upload Back Image** and selecting a scanned PDF or picture from your device.



8. Once uploaded, you will be able to review the document before submitting it.
9. Select **Looks Good**.
10. After reviewing everything that you entered, select **Save**.

