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# Mo‘omō‘ali Olakino (EHR)

## Medical Clearance Guide for K-12 Parents

April 2024

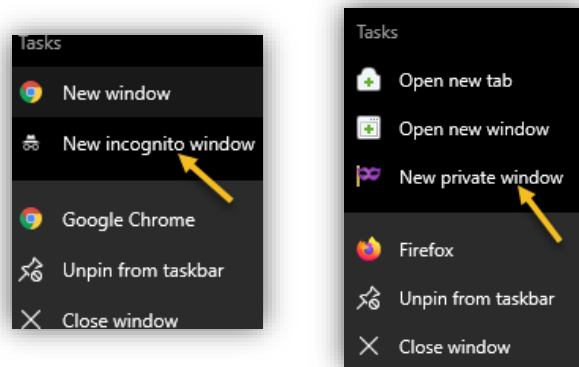
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## Logging In

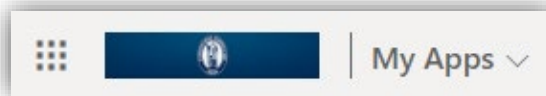
1. Use Chrome Incognito Window or Firefox Private Window for your browser.

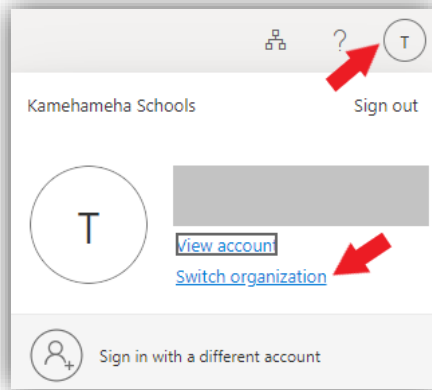


2. Go to <https://ohana.ksbe.edu/> and log in using your personal email that is on record with KS.

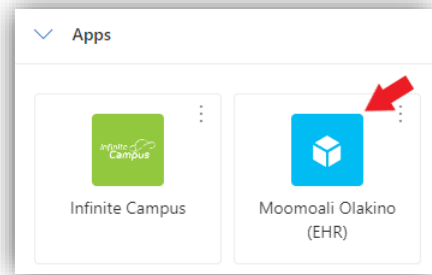


3. It should have the Kamehameha Schools icon on the upper left-hand corner. If it doesn't, click on the icon on the upper right-hand corner, then select 'Switch organization' and select your Kamehameha Schools account.

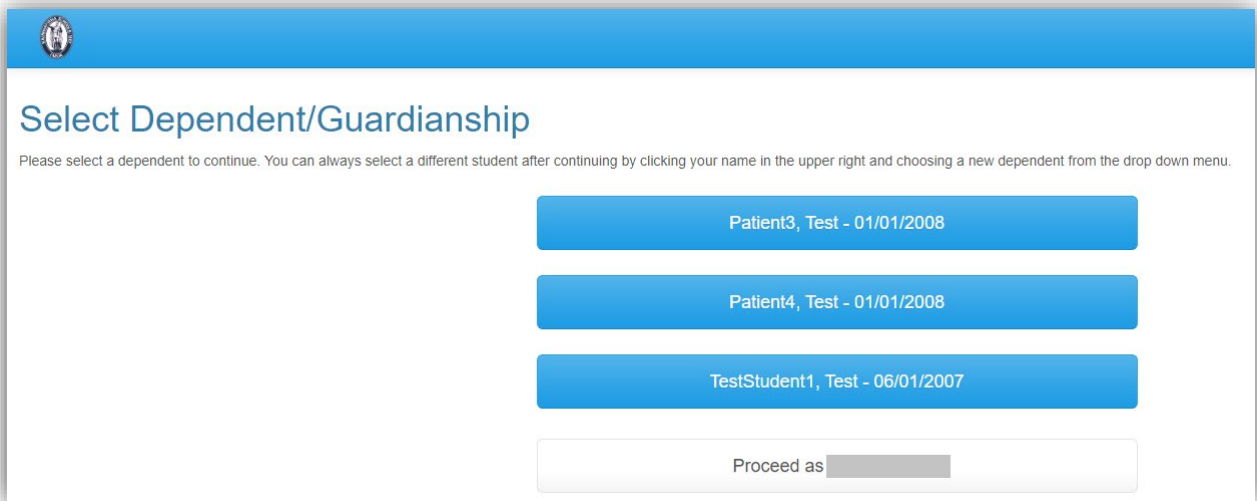




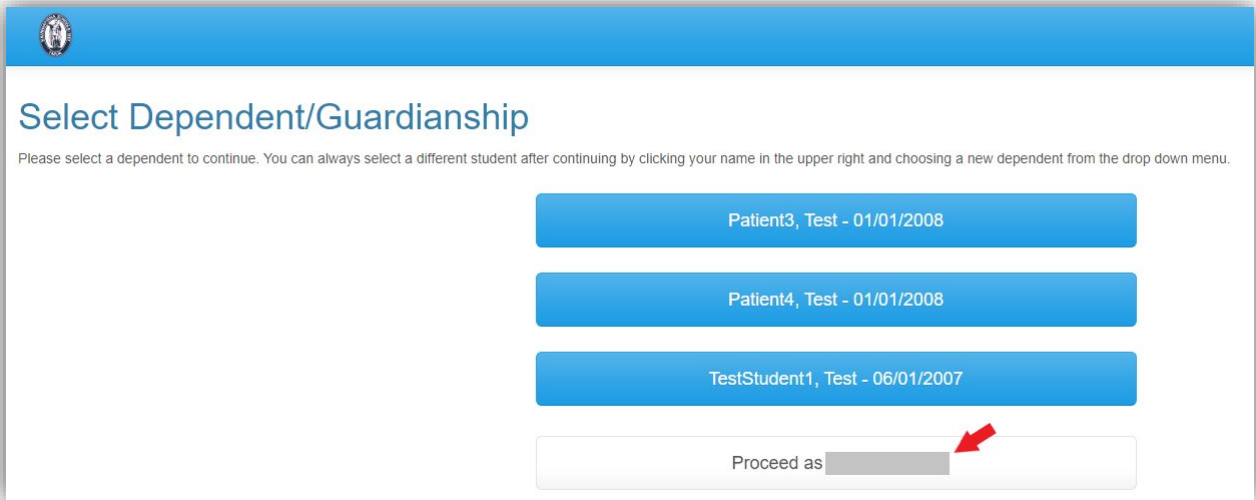
4. Once in your Kamehameha Schools account, select the Mo'omō'ali Olakino application.



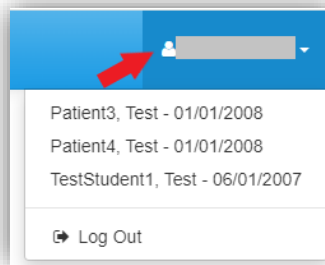
5. Select the child you wish to complete medical clearance requirements for.



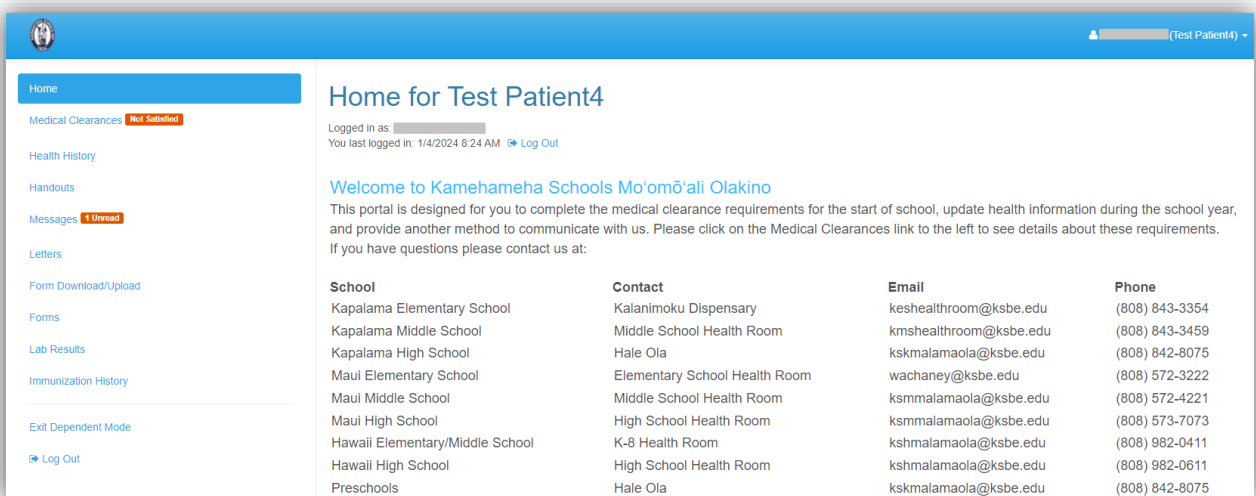
a. Note: At the bottom of the list, you will see the option to “Proceed as <your name>”. **Do NOT select this option.**



- 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.



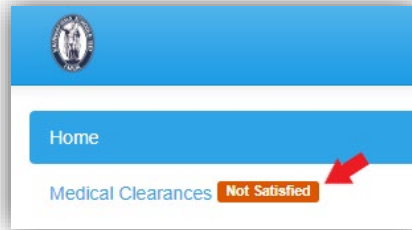
- 6. Once logged in, the Home page will appear with your child's name. **Ensure that you are in your child's Home page before completing requirements, uploading documents, and sending secure messages to the Health Room.**



## How to Complete Medical Clearance Requirements

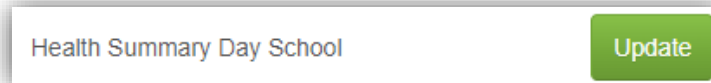
1. Select **Medical Clearance** to view the necessary requirements to complete medical clearance.

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

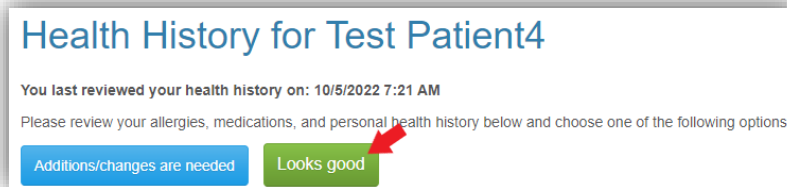


**Health Summary:** Required every year prior to the start of school and can be updated throughout the school year.

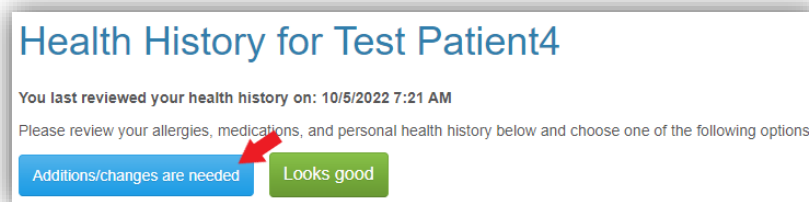
1. Select **Update** next to *Health Summary Day School*.



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
<input type="button" value="Add"/> <input type="button" value="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**

5. 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
<input type="button" value="Add"/> <input type="button" value="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	

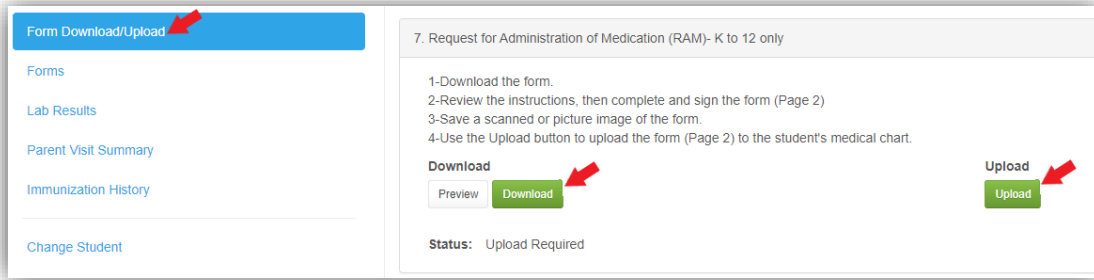
2. A pop-up window will open. Enter the medication name, dosage, and frequency. Do not abbreviate any medication names.
3. Select **Save**.

**Add Medication**

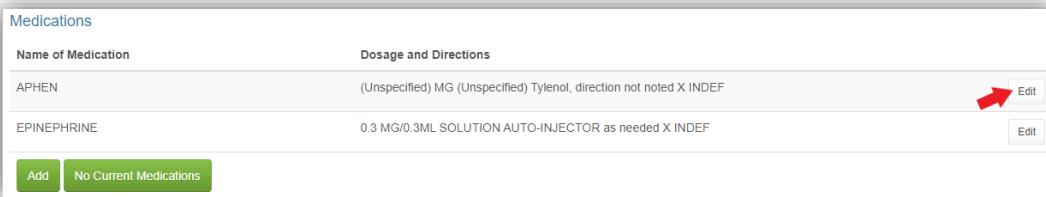
Name of Medication

Dosage of Medication

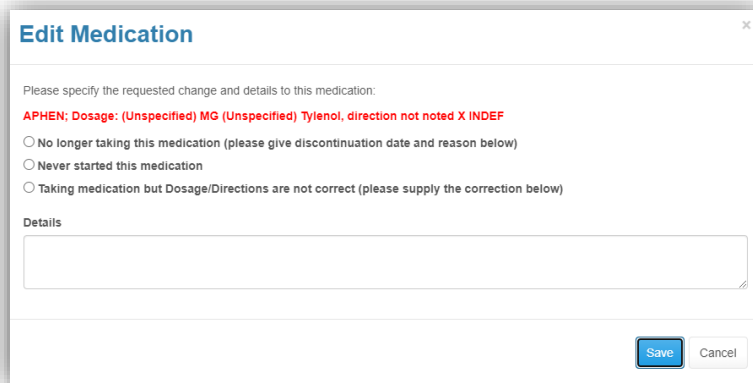
4. If the medication will be administered during school hours, either by Health Room staff or self-administered by your child, a separate **Request for Administration of Medication (RAM)** form will need to be completed.
  - a. Go to the **Form Download/Upload** section, then scroll to **Request for 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.



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



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



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



Name of Medication	Dosage and Directions
No Current Entries	

[Add](#) [No Current Medications](#)

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

Abnormal vision [Edit](#)

Asthma requiring more than one medication [Edit](#)

Migraine (Age = 1) [Edit](#)

Severe allergic reaction requiring epipen [Edit](#)

[Add](#) [No Known Medical Conditions](#)

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      Scoliosis      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**

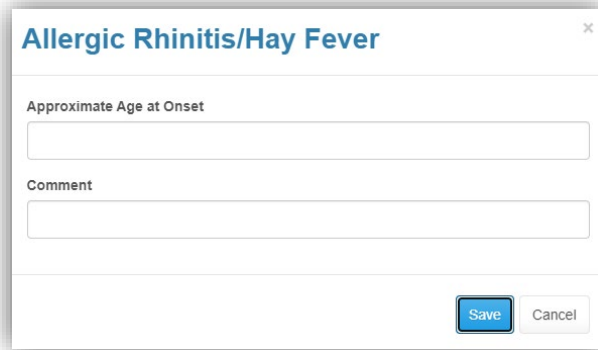
Problem

Approximate Age at Onset

Comment

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

3. 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**.



A pop-up window titled "Allergic Rhinitis/Hay Fever" with a close button (X) in the top right corner. It contains two text input fields: "Approximate Age at Onset" and "Comment". At the bottom right, there are two buttons: "Save" (highlighted in blue) and "Cancel".

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

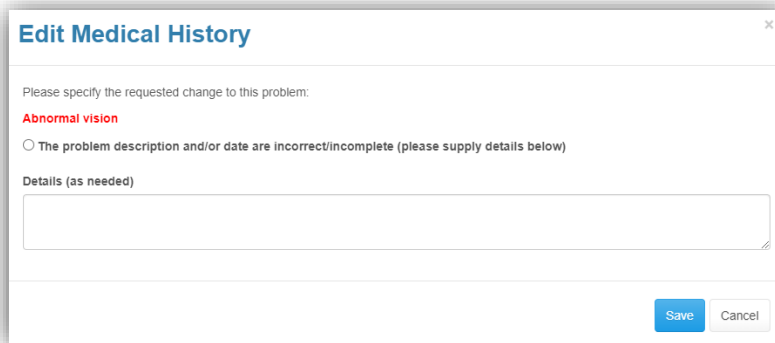
*Note: If you would like to remove a medical condition that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider's note stating that the student no longer has the medical condition is required. Please upload this document in the **Form Download/Upload**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



A table titled "Medical Conditions" with four rows. Each row contains a condition name and an "Edit" button. A red arrow points to the "Edit" button for "Abnormal vision". At the bottom left, there are two buttons: "Add" and "No Known Medical Conditions".

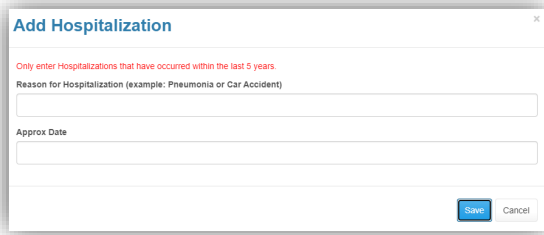
Medical Condition	Action
Abnormal vision	Edit
Asthma requiring more than one medication	Edit
Migraine (Age = 1)	Edit
Severe allergic reaction requiring epipen	Edit

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



A pop-up window titled "Edit Medical History" with a close button (X) in the top right corner. It contains the following text: "Please specify the requested change to this problem:", "Abnormal vision" (highlighted in red), and a radio button followed by "The problem description and/or date are incorrect/incomplete (please supply details below)". Below this is a text input field labeled "Details (as needed)". At the bottom right, there are two buttons: "Save" (highlighted in blue) and "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.



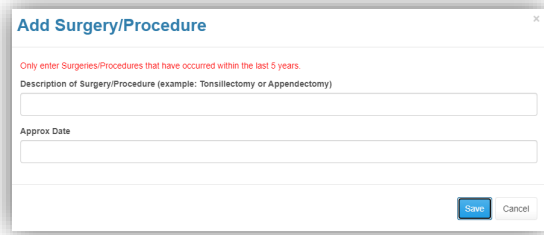
**Add Hospitalization**

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**

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

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

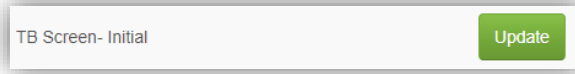
Approx Date

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 Screen:** Required for new students.

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

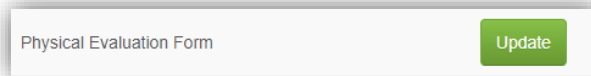


TB Screen- Initial Update

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.

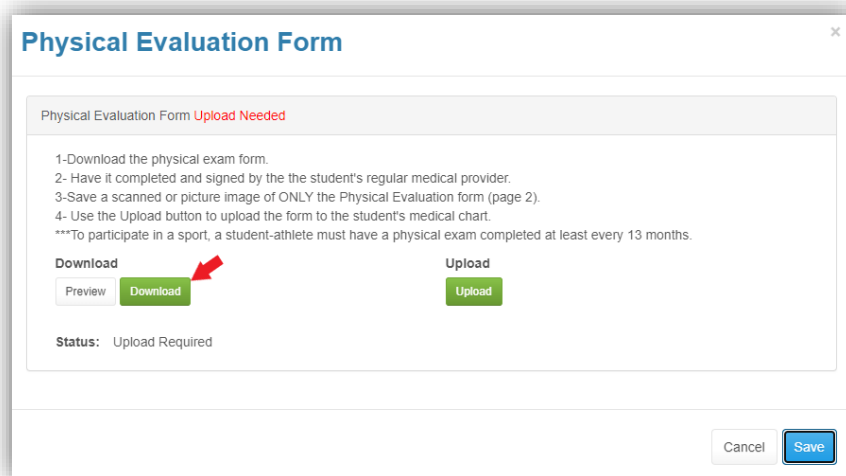
**Physical Evaluation Form:** Required for new students and returning students entering grades 3, 5, 7, 9, and 11.

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



Physical Evaluation Form Update

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



**Physical Evaluation Form**

Physical Evaluation Form **Upload Needed**

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.  
\*\*\*To participate in a sport, a student-athlete must have a physical exam completed at least every 13 months.

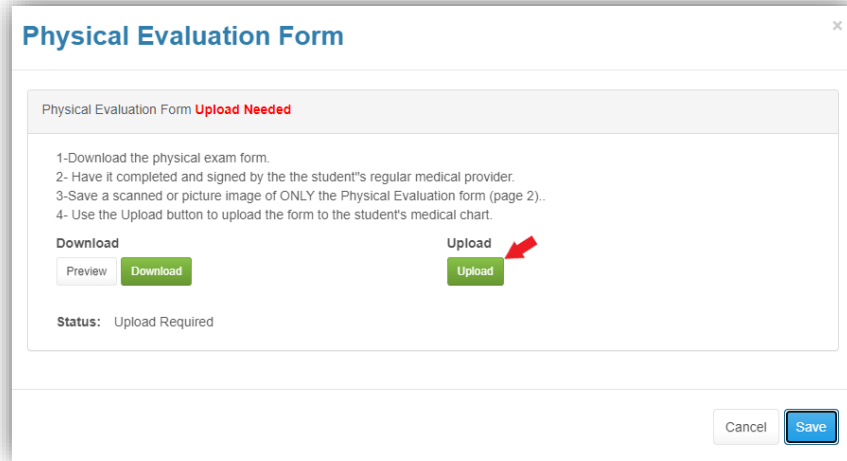
**Download** Upload

Preview Download Upload

**Status:** Upload Required

Cancel Save

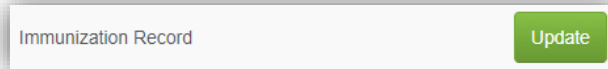
3. Select **Upload** to upload the completed PE as a scanned PDF or picture from your device.  
*NOTE: Only the second page of the PE form which is signed by your child's health care provider is required to be uploaded to the portal. Do not upload the first page - this is to be completed prior to your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



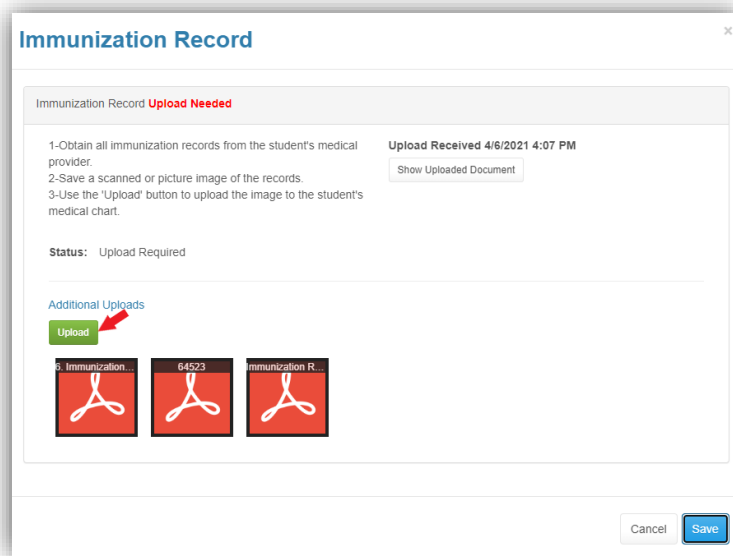
4. Once uploaded, you will be able to review the document before submitting it.
5. Select **Looks Good**.
6. Then select **Save**.

**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.



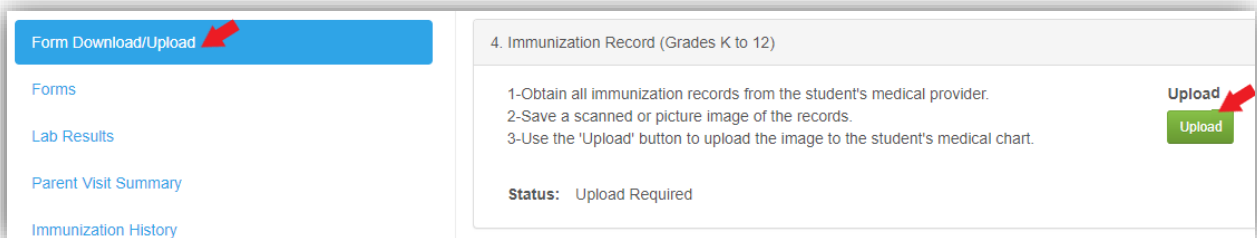
2. Select **Upload** to upload the immunization record as a scanned PDF or picture from your device.



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.



### 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.

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**.

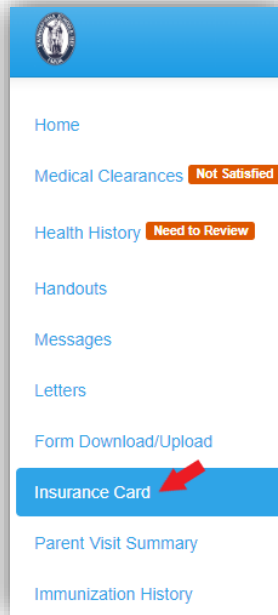
**\*\* Type your full name**

**I agree\*\***

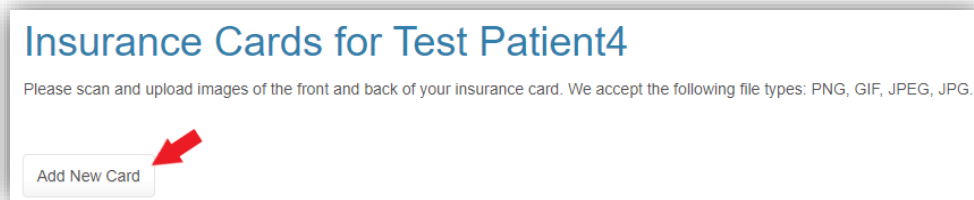
[Submit Final](#) **Click here to submit the final content of the form**  
(You cannot change items after the form has been submitted.)

## Uploading Insurance Card

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

**Save** **Cancel**

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



5. After reviewing the photo you uploaded, select **Looks Good**.

**Verify Upload**

Does this image look correct? If it looks wrong for any reason (i.e., wrong orientation, too bright or dark, needs to be cropped), click **Edit Image** and use the image editor controls to adjust the image as appropriate.

Insurance Card

**Cancel Upload** **Edit Image** **Looks Good**

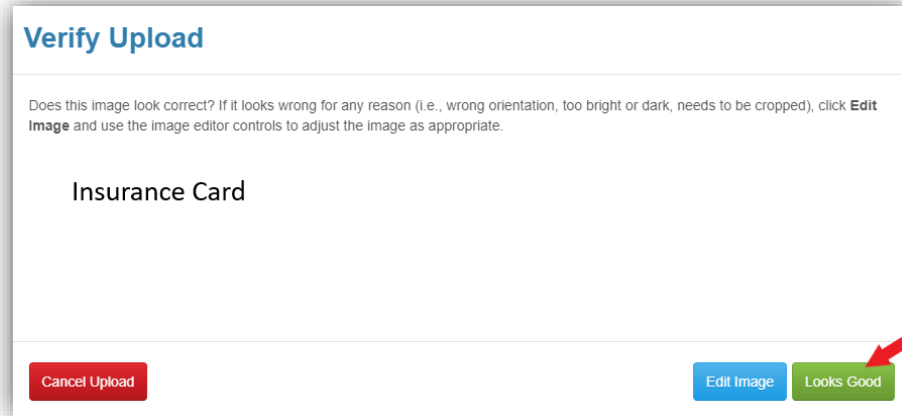
6. Upload a picture of the back of your insurance card by selecting **Upload Back Image** and selecting



a photo from your device.



7. After reviewing the photo you uploaded, select **Looks Good**.



8. After reviewing everything that you entered, select **Save**.

