Mo'omō'ali Olakino (EHR)

Medical Clearance Guide for Summer School Parents

January 2024

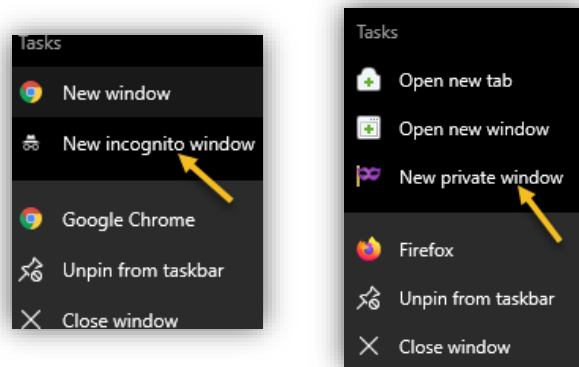## Table of Contents

Logging In

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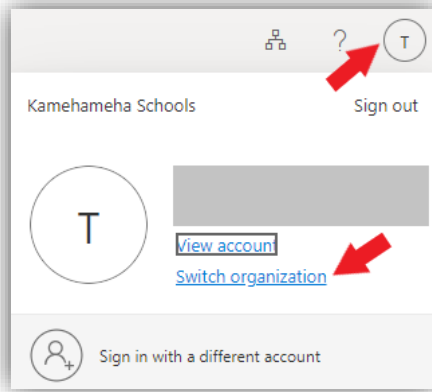

2. Go to https://ohana.ksbe.edu/ and log in using your personal email that is on record with KS.

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.
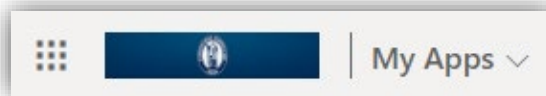
4. Once in your Kamehameha Schools account, select the Moʻomōʻali Olakino application.
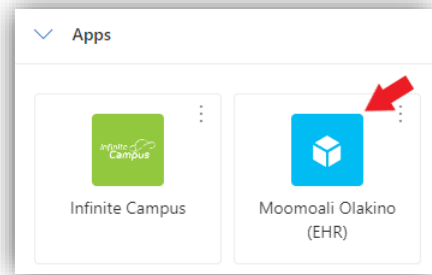
5. Select the child you wish to complete medical clearance requirements for.

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

Select Dependent/Guardianship

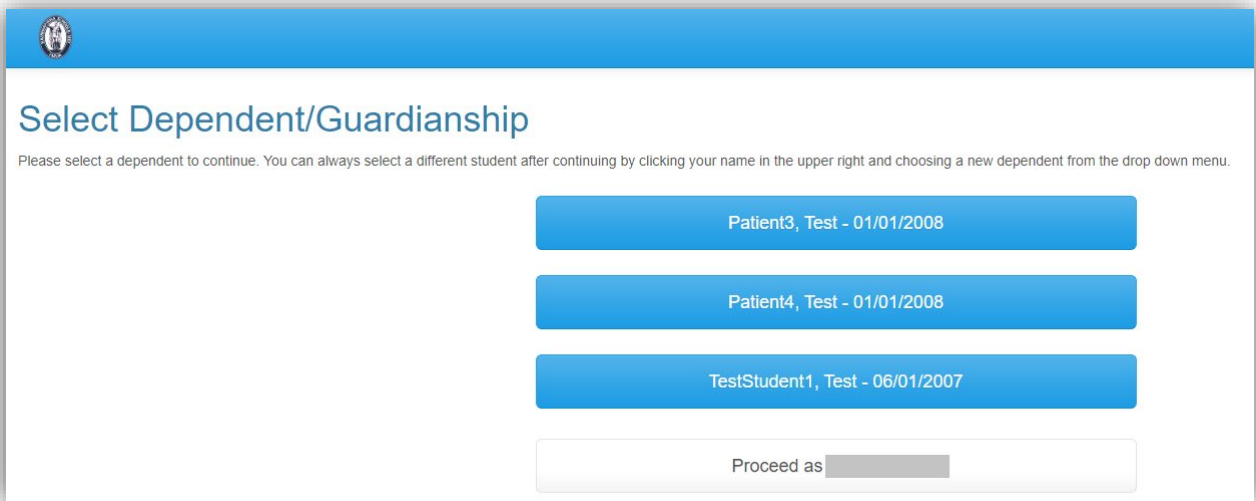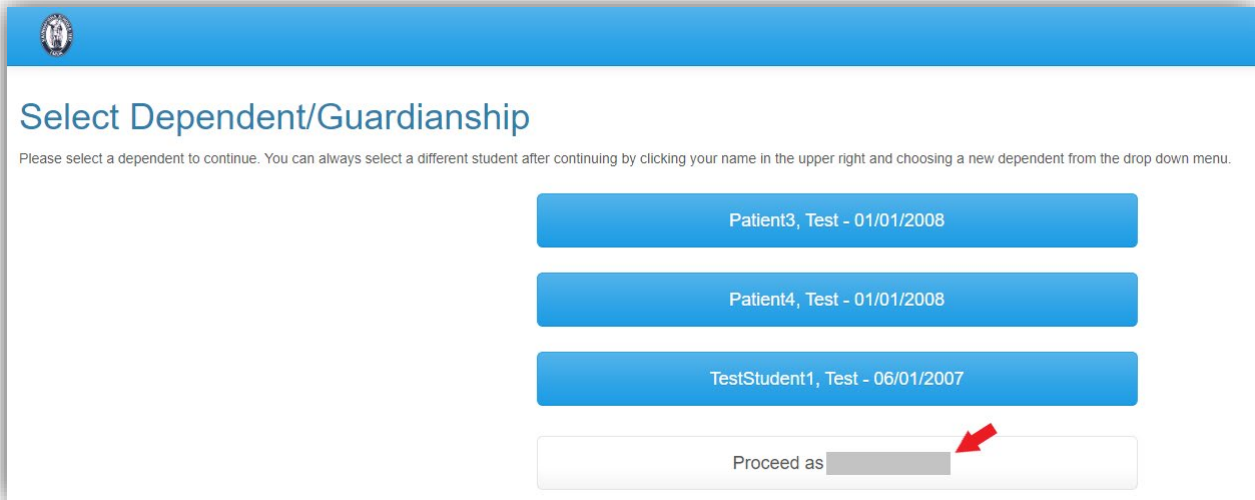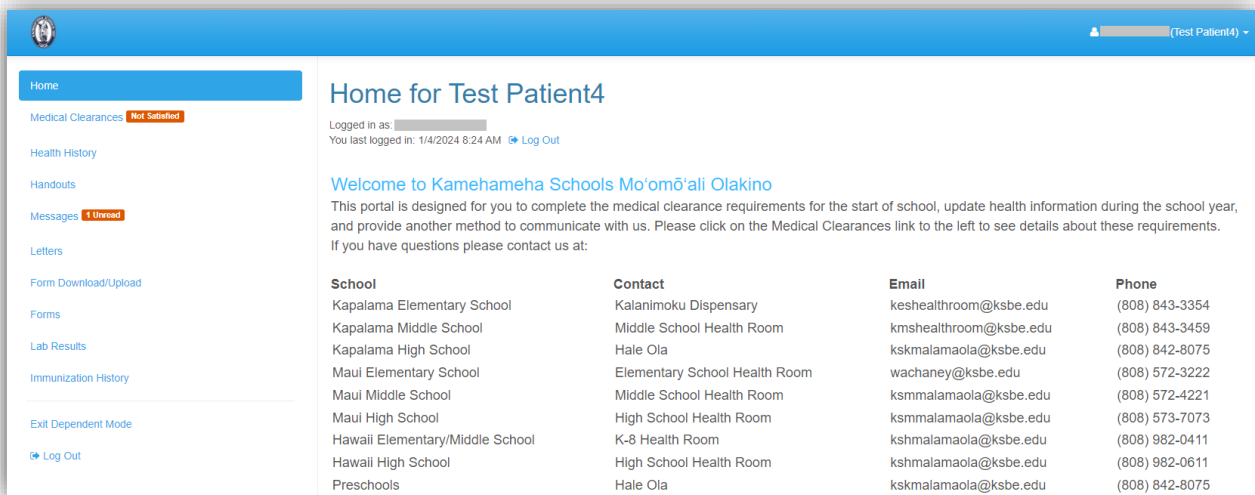Please select a dependent to continue. You can always select a different student after continuing by clicking your name in the upper right and choosing a new dependent from the drop down menu.

Patient3, Test - 01/01/2008

Patient4, Test - 01/01/2008

TestStudent1, Test - 06/01/2007

Proceed as

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.


Patient3, Test - 01/01/2008
Patient4, Test - 01/01/2008
TestStudent1, Test - 06/01/2007

➔ Log Out
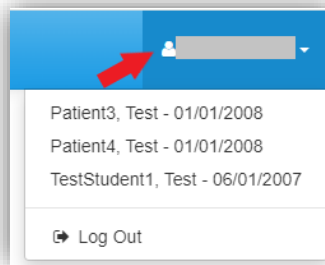
6. Once logged in, the Home page will appear with your child's name. **Ensure that you are in your child's Home page before completing requirements and uploading documents.**


Home for Test Patient4

Logged in as:
You last logged in: 1/4/2024 8:24 AM ➔ Log Out

Welcome to Kamehameha Schools Moʻomōʻali Olakino

This portal is designed for you to complete the medical clearance requirements for the start of school, update health information during the school year, and provide another method to communicate with us. Please click on the Medical Clearances link to the left to see details about these requirements. If you have questions please contact us at:

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	Elementary School Health Room	wachaney@ksbe.edu	(808) 572-3222
Maui Middle School	Middle School Health Room	ksmmalamaola@ksbe.edu	(808) 572-4221
Maui High School	High School Health Room	ksmmalamaola@ksbe.edu	(808) 573-7073
Hawaii Elementary/Middle School	K-8 Health Room	kshmalamaola@ksbe.edu	(808) 982-0411
Hawaii High School	High School Health Room	kshmalamaola@ksbe.edu	(808) 982-0611
Preschools	Hale Ola	kskmalamaola@ksbe.edu	(808) 842-8075

Left sidebar navigation:
- Home
- Medical Clearances Not Satisfied
- Health History
- Handouts
- Messages 1 Unread
- Letters
- Form Download/Upload
- Forms
- Lab Results
- Immunization History
- Exit Dependent Mode
- ➔ Log Out

How to Complete Medical Clearance Requirements

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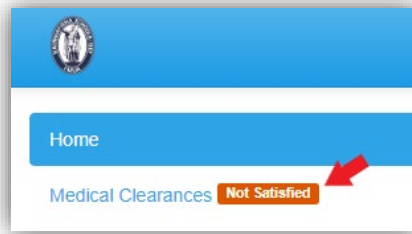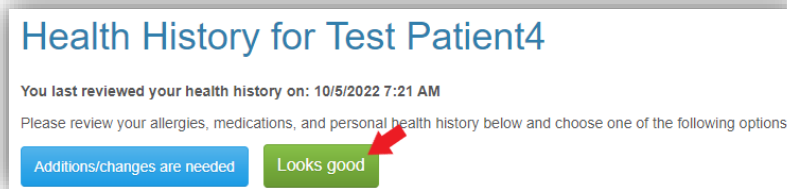

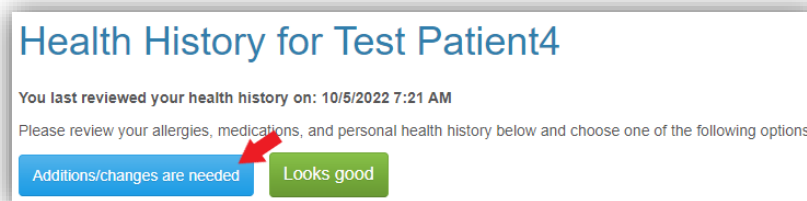## Health Summary: Required every summer prior to the start of school.

1. Select **Update** next to *Health Summary Summer Prog*.
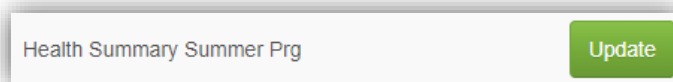
2. Review the health history listed for your child.
3. If everything is up-to-date, select **Looks Good**.

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.

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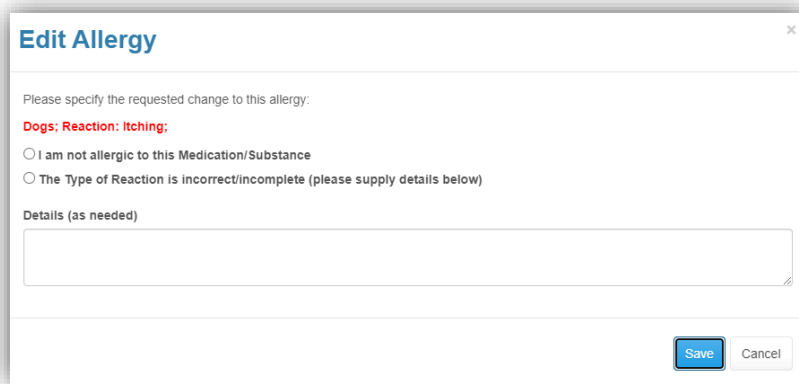
5. To edit any of the listed allergies, select **Edit**.
   *Note: If you would like to remove an allergy that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider's note stating that the student is no longer allergic to the item is required. Please upload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

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

Edit Allergy   ×
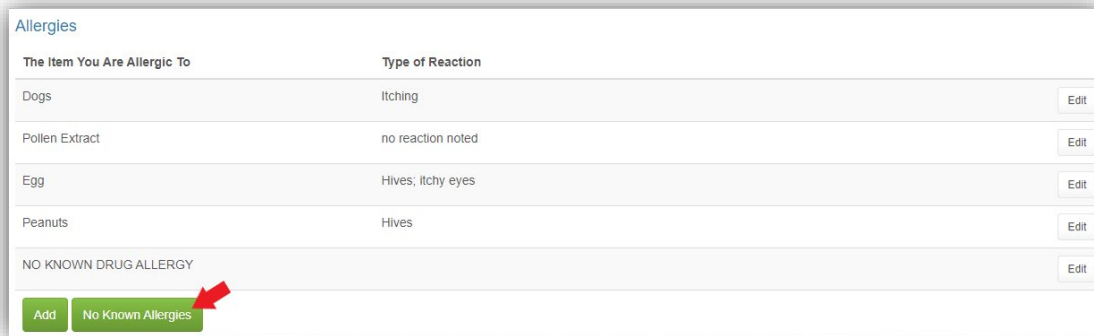
Please specify the requested change to this allergy:

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)

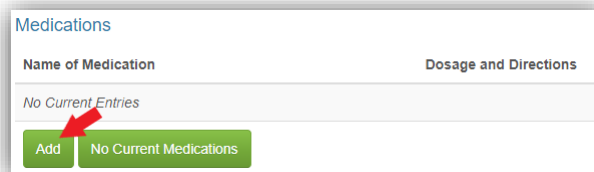[   ]

[Save] [Cancel]

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	Edit
Pollen Extract	no reaction noted	Edit
Egg	Hives; itchy eyes	Edit
Peanuts	Hives	Edit
NO KNOWN DRUG ALLERGY		Edit

[Add] [No Known Allergies]

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	

[Add] [No Current Medications]

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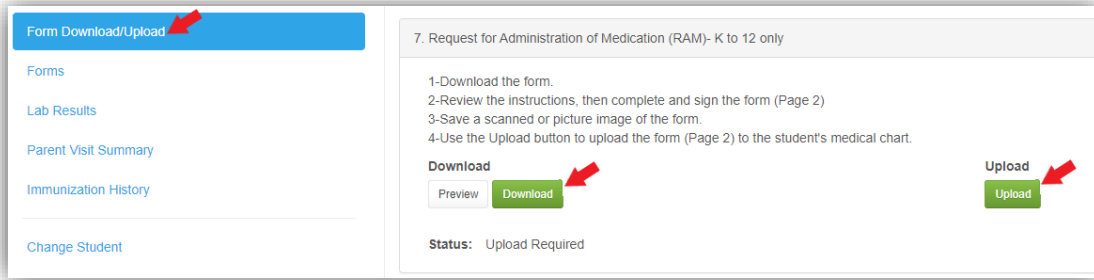3. Select **Save**.

Add Medication   ×

Name of Medication

[   ]

Dosage of Medication

[   ]

[Save] [Cancel]

4. If the medication will be administered during program 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**.
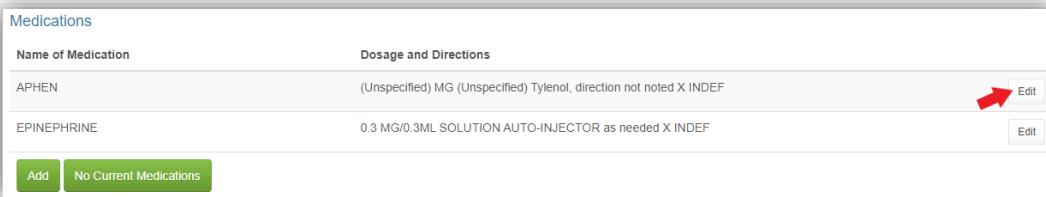
6. A pop-up window will open. Enter details of why you are requesting to change the medication. Select **Save**.
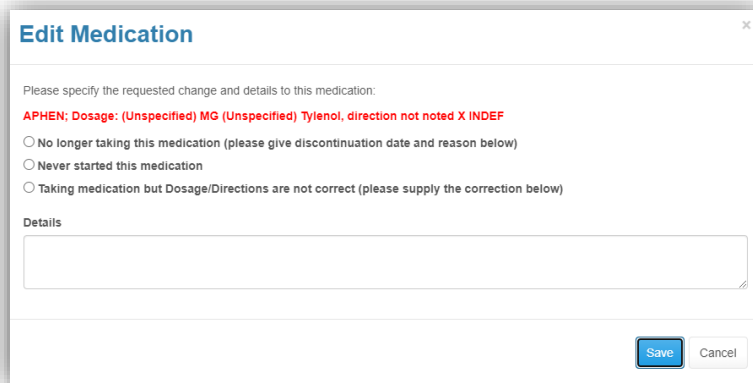
7. If your child does not take any medications, select **No Current Medications**.

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 every summer prior to the start of school.
1. To complete the TB requirements, select **Update** next to *TB Screen- Summer Program*.

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: A Physical Evaluation form is required for all out-of-state applicants, as well as students who will be participating in select courses with additional medical requirements.

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

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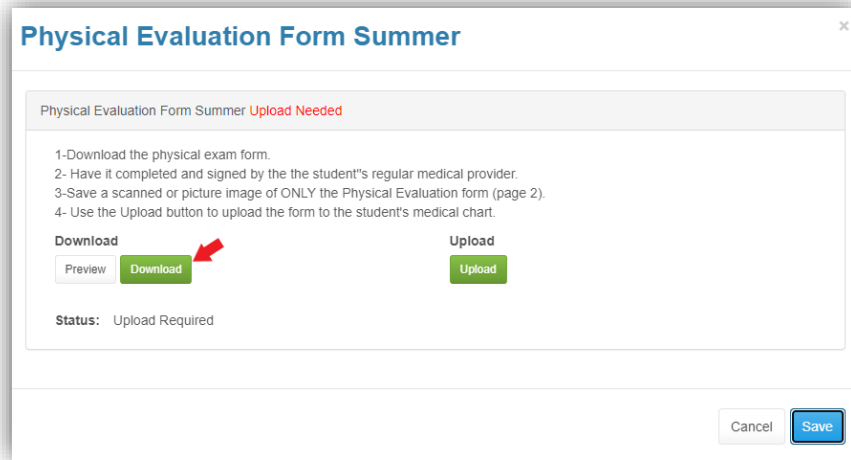
3. Select **Upload** to upload the completed PE as a scanned PDF or picture from your device.
    NOTE: Only the second page of the PE form which is signed by your child's health care provider is required to be uploaded to the portal. Do not upload the first page - this is to be completed prior to your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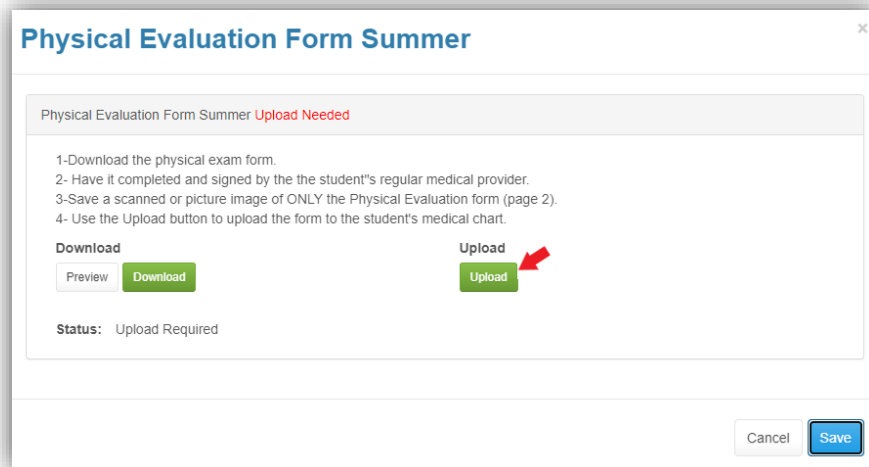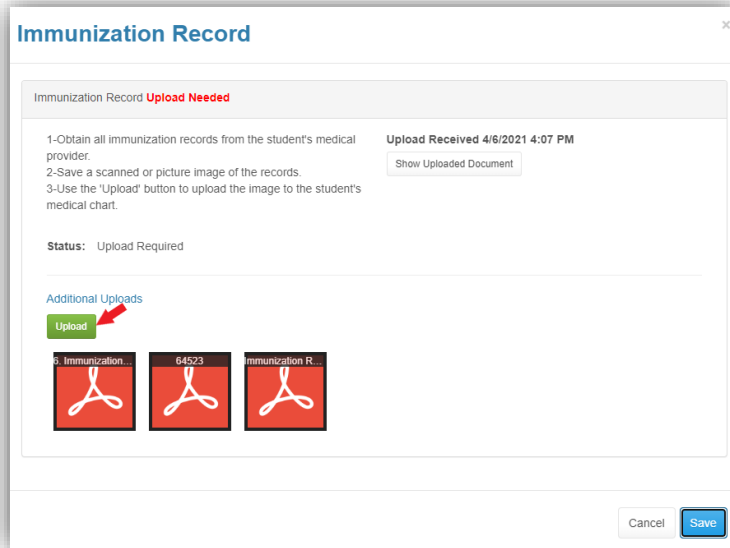

4. Once uploaded, you will be able to review the document before submitting it.
5. Select **Looks Good.**
6. Then select **Save**.

Immunization Record: An up-to-date immunization record is required for all out-of-state applicants, as well as students who will be participating in select courses with additional medical requirements.

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**.

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*.