
Mo‘omō‘ali Olakino (EHR)

Medical Clearance Guide for Summer Program Parents

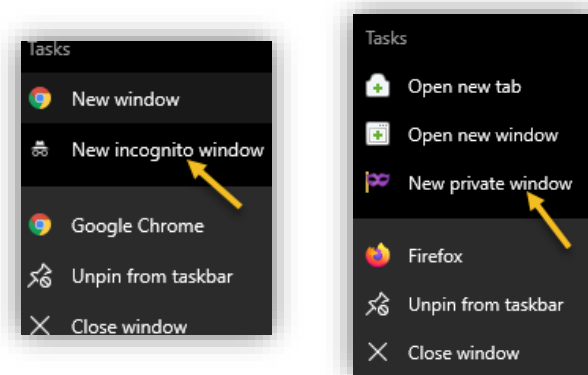
January 2025

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Logging In

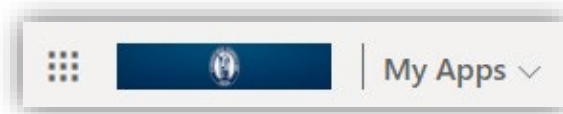
1. Use Chrome Incognito Window or Firefox Private Window for your browser.

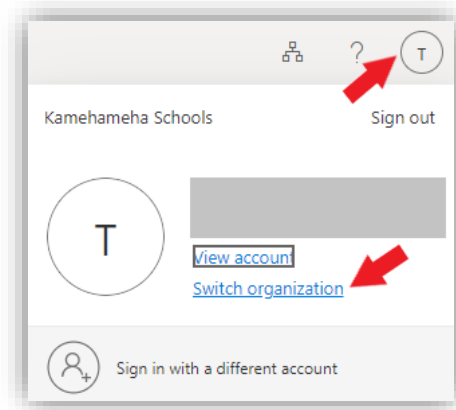


2. Go to <https://ohana.ksbe.edu/> and log in using your personal email that is on record with KS.

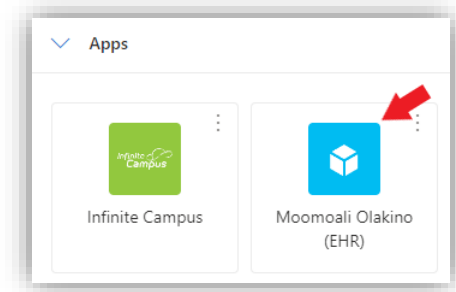


3. It should have the Kamehameha Schools icon on the upper left-hand corner. If it doesn't, click on the icon on the upper right-hand corner, then select 'Switch organization' and select your Kamehameha Schools account.

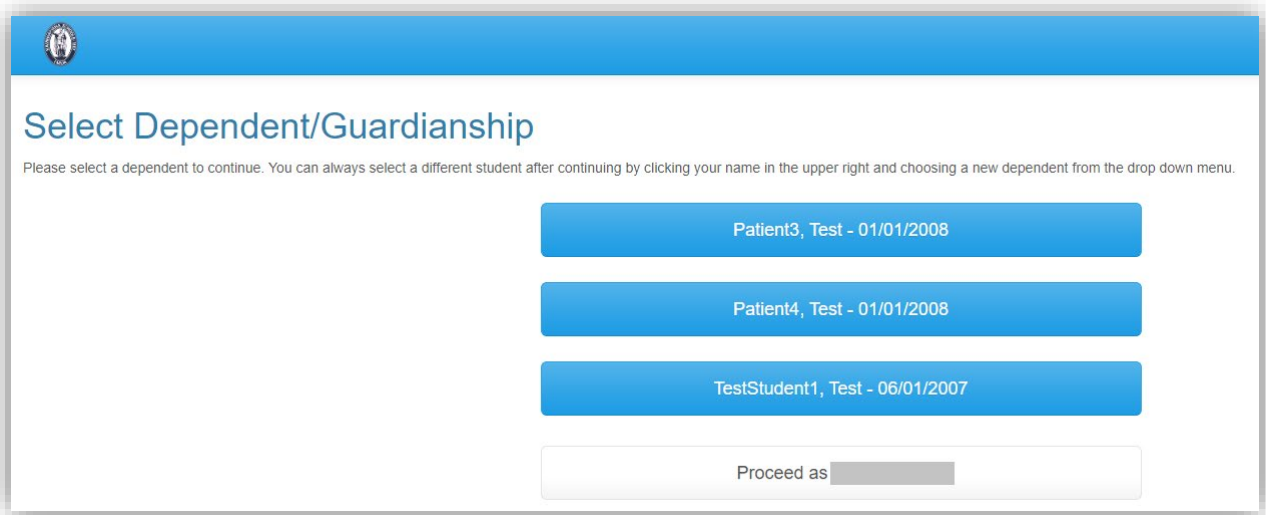




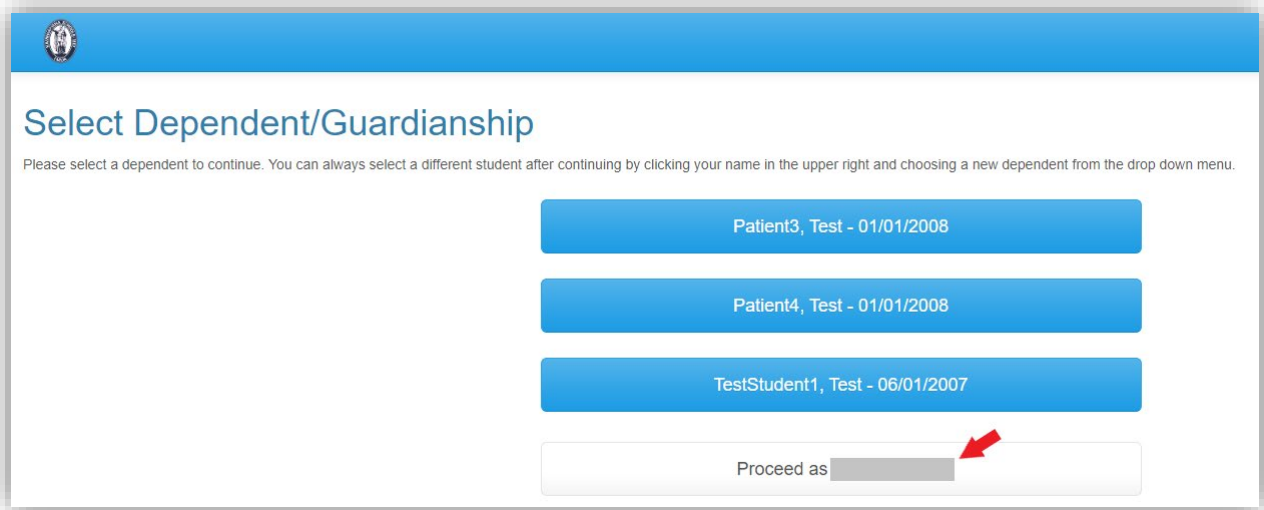
4. Once in your Kamehameha Schools account, select the Mo'omō'ali Olakino application.



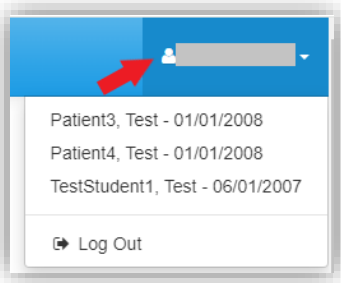
5. Select the child you wish to complete medical clearance requirements for.



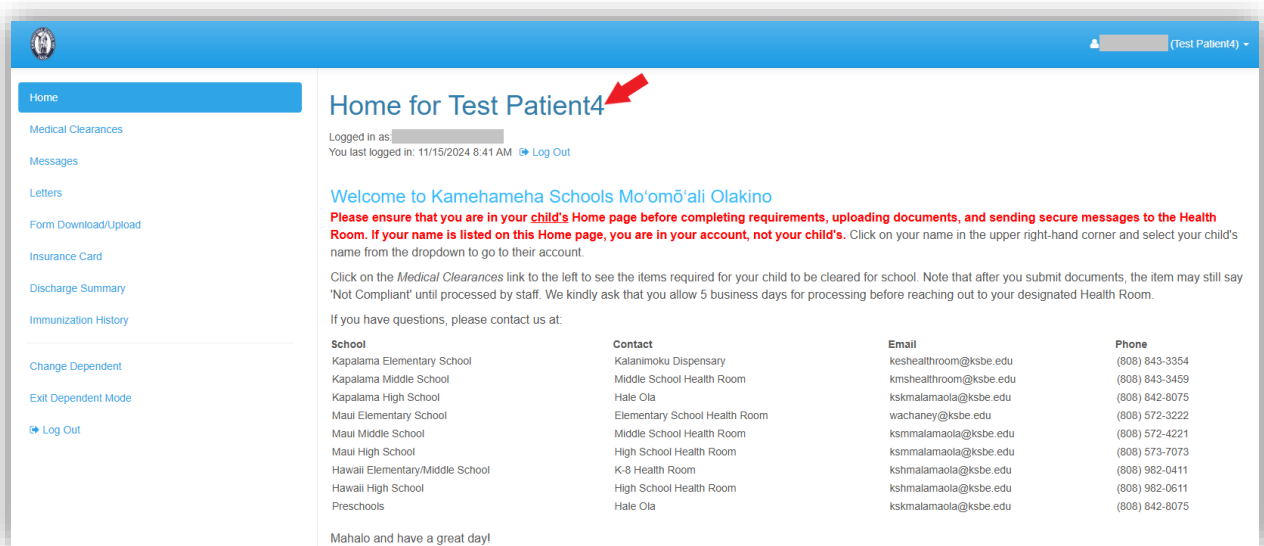
a. Note: At the bottom of the list, you will see the option to "Proceed as <your name>". **Do NOT select this option.**



- 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.

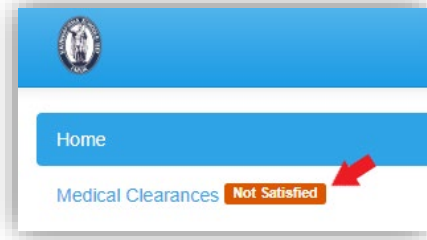


- 6. Once logged in, the Home page will appear with your child's name. **Ensure that you are in your child's Home page before completing requirements and uploading documents.**



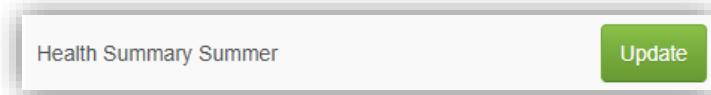
Complete Medical Clearance Requirements

1. Select **Medical Clearance** to view the necessary requirements to complete medical clearance.
Note: Requirements will vary based on grade, program, and enrolled courses.

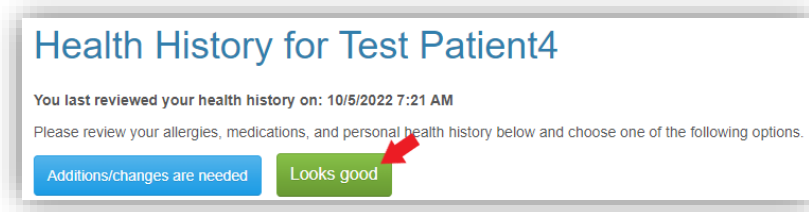


Health Summary: Required every summer prior to the start of school.

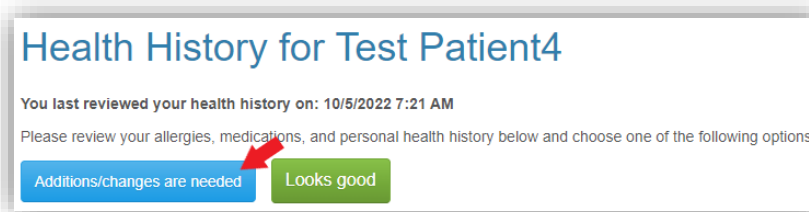
1. Select **Update** next to *Health Summary Summer*.



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**.

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

Buttons: Add, No Known Allergies

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

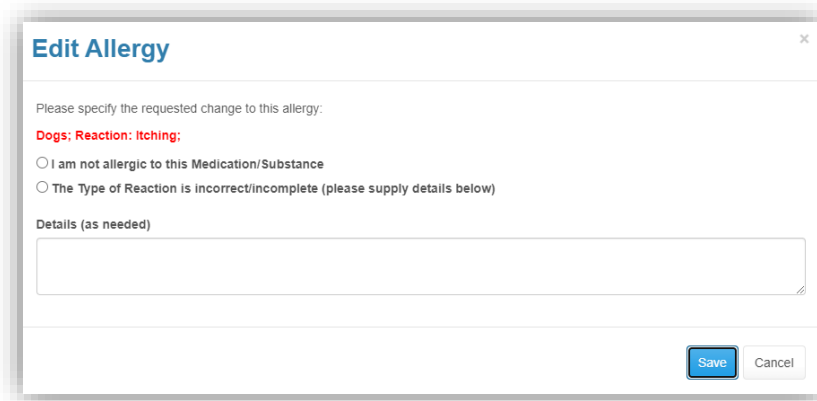
3. A pop-up window will open to enter the allergy. Add what your child is allergic to and the type of reaction.
4. If it is a food allergy, please check the appropriate box.
5. Select **Save**.

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

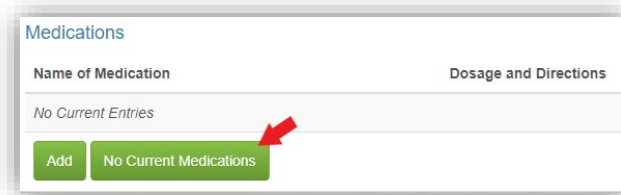


7. A pop-up window will open. Enter details of why you are requesting to change the allergy. Select **Save**.

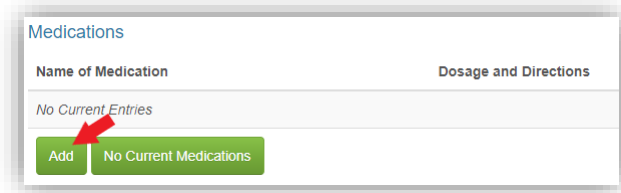


Medication: Add all medications that your child is currently taking along with the dosage.

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



2. To add the medications, 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**.

Add Medication

Name of Medication

Dosage of Medication

Save Cancel

5. 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.

Form Download/Upload

Insurance Card

Discharge Summary

Immunization History

Exit Dependent Mode

Log Out

7. Request for Administration of Medication (RAM)- K to 12 only

1. Download the **KS Request for Administration of Medication** form.
2. Review the instructions on page 1, then complete and sign the form on page 2.
3. Have your child's regular healthcare provider complete and sign the form on page 2, if required.
3. Save a PDF or picture image of form.
4. Use the *Upload* button to upload the form to your child's record.
5. Click *Save*.

Download Upload

Preview Download Upload

Status: Upload Required

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

Form Download/Upload

Insurance Card

Discharge Summary

Immunization History

Exit Dependent Mode

Log Out

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1. Download the **KS Request for Administration of Medication** form.
2. Review the instructions on page 1, then complete and sign the form on page 2.
3. Have your child's regular healthcare provider complete and sign the form on page 2, if required.
3. Save a PDF or picture image of form.
4. Use the *Upload* button to upload the form to your child's record.
5. Click *Save*.

Download Upload

Preview Download Upload

Status: Upload Required

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

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

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

7. A pop-up window will open. Enter details of why you are requesting to change the medication. Select [Save](#).

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](#)

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](#).

Medical Conditions	
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 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.

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.

No Known Medical Conditions

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**.

Allergic Rhinitis/Hay Fever

Approximate Age at Onset

Comment

Save Cancel

- 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.*

The screenshot shows a table titled "Medical Conditions" with the following entries:

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

At the bottom of the table are two buttons: "Add" and "No Known Medical Conditions". A red arrow points to the "Edit" button for "Abnormal vision".

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

The "Edit Medical History" window contains the following text:

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)

[Empty text area]

Buttons: 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.

The "Add Hospitalization" window contains the following text:

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

Reason for Hospitalization (example: Pneumonia or Car Accident)

[Text input field]

Approx Date

[Text input field]

Buttons: Save, Cancel

The "Add Surgery/Procedure" window contains the following text:

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

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

[Text input field]

Approx Date

[Text input field]

Buttons: 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 every summer prior to the start of school.

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



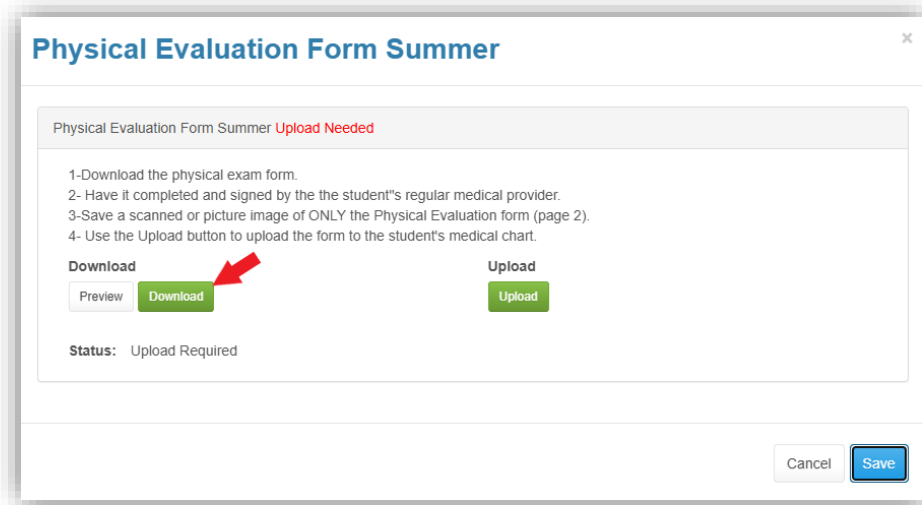
2. Answer all 11 questions and select **Submit** on the bottom of the screen.
3. If you answered “No” or “N/A” to all of the questions, no additional requirements are needed, and this satisfies your child’s TB screening requirement for medical clearance.
4. If you answered “Yes” to any of the questions,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

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

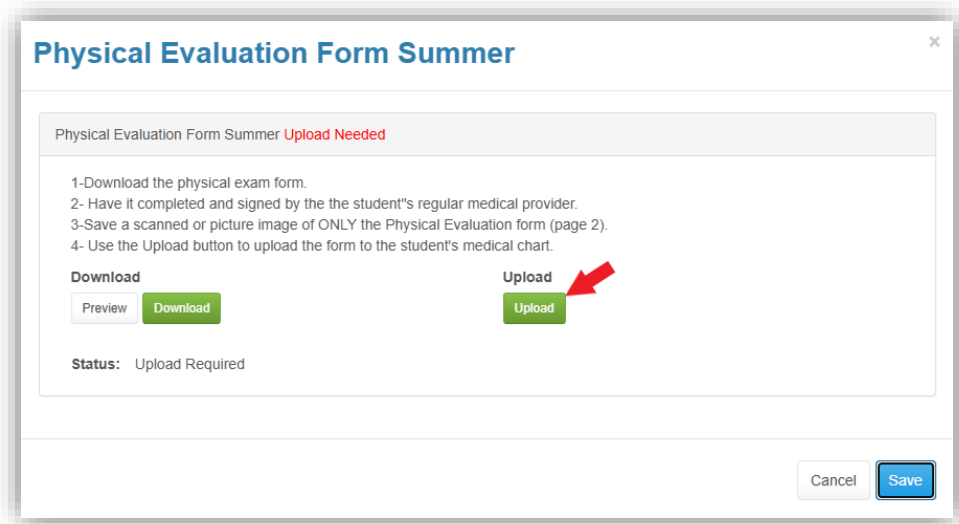
1. Select **Update** next to *Physical Eval Form Summer*. A pop-up window will open.



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.



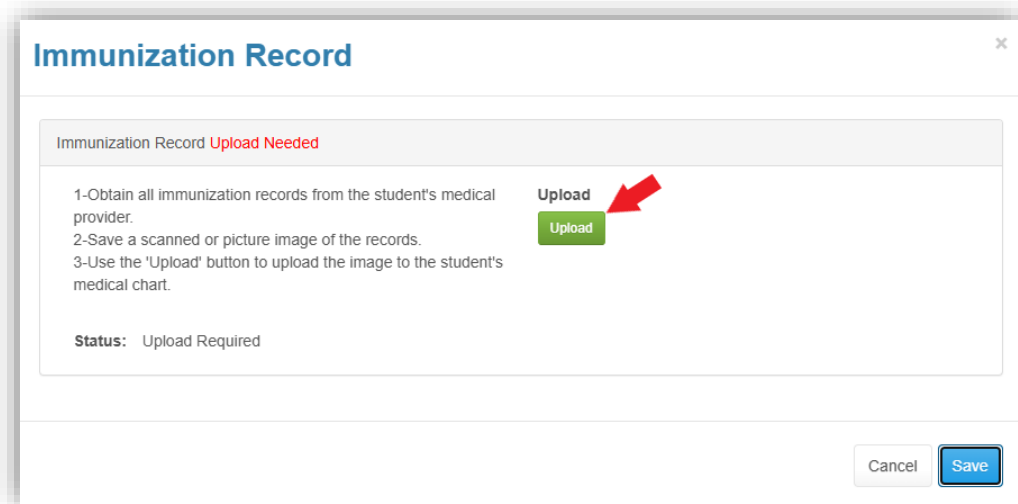
4. Once uploaded, you will be able to review the document before submitting it.
5. Select **Looks Good**.
6. Then select **Save**.

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

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. 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 the information is reviewed and verified, your child'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*.