## Mo'omō'ali Olakino (EHR)

# Medical Clearance Guide for Summer School Parents

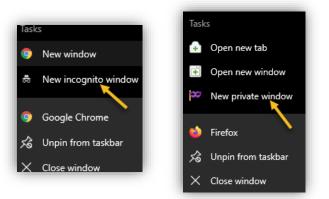
January 2024

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#### Logging In

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

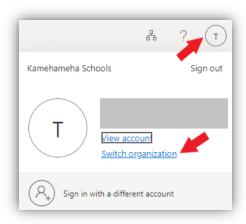


2. Go to <u>https://ohana.ksbe.edu/</u> and log in using your personal email that is on record with KS.



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.

| ✓ Apps          |                           |
|-----------------|---------------------------|
| Infinite Campus | Moomoali Olakino<br>(EHR) |

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

| 0  |  |
|--|--|
| Select Dependent/Guardianship<br>Please select a dependent to continue. You can always select a different student at | fter 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   |

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

| <b>()</b>   |
|---|
| Select Dependent/Guardianship<br>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 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.



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.

| 0  |  |  |   | (Test Patie)                                       |
|--|--|--|---|--|
| Home   | Home for Test Patie  | nt4  |   |  |
| Medical Clearances Not Satisfied                               | Logged in as:  |  |   |  |
| Health History   | You last logged in: 1/4/2024 8:24 AM C+ Log Out                  |  |   |  |
| Handouts   | Welcome to Kamehameha So   | chools Moʻomōʻali Olakino  |   |  |
| Messages 1 Unread  |  | ete the medical clearance requirements for the<br>nicate with us. Please click on the Medical Clea |   |  |
| Letters  | If you have questions please contact us                          | s at:  |   |  |
| Form Download/Upload   | School   | Contact  | Email   | Phone  |
| Forms  | Kapalama Elementary School                                       | Kalanimoku Dispensary  | keshealthroom@ksbe.edu  | (808) 843-3354                                     |
|  | Kapalama Middle School   | Middle School Health Room  | kmshealthroom@ksbe.edu  | (808) 843-3459                                     |
|  |  | Hale Ola   | kskmalamaola@ksbe.edu   | (808) 842-8075                                     |
| Lab Results  | Kapalama High School   | Hale Ola   | indiana and Gines of our  | (000) 042-0070                                     |
|  | Maui Elementary School   | Elementary School Health Room  | wachaney@ksbe.edu   | (808) 572-3222                                     |
|  | 1 0  |  | 0   |  |
| Immunization History   | Maui Elementary School   | Elementary School Health Room  | wachaney@ksbe.edu   | (808) 572-3222                                     |
|  | Maui Elementary School<br>Maui Middle School                     | Elementary School Health Room<br>Middle School Health Room   | wachaney@ksbe.edu<br>ksmmalamaola@ksbe.edu                          | (808) 572-3222<br>(808) 572-4221                   |
| Lab Results Immunization History Exit Dependent Mode B Log Out | Maui Elementary School<br>Maui Middle School<br>Maui High School | Elementary School Health Room<br>Middle School Health Room<br>High School Health Room              | wachaney@ksbe.edu<br>ksmmalamaola@ksbe.edu<br>ksmmalamaola@ksbe.edu | (808) 572-3222<br>(808) 572-4221<br>(808) 573-7073 |

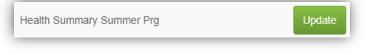
#### How to Complete Medical Clearance Requirements

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.

| Allergies                    |                   |    |
|------------------------------|-------------------|----|
| The Item You Are Allergic To | Type of Reaction  |    |
| Dogs                         | Itching           | Ed |
| Pollen Extract               | no reaction noted | Ed |
| Egg                          | Hives; itchy eyes | Ed |
| Peanuts                      | Hives             | Ed |
| NO KNOWN DRUG ALLERGY        |                   | Ed |
| Add 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     |      |
|  |      |
|  | 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.

| 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       |                   |      |

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

| Edit Allergy  | 2 |
|---|---|
| Please specify the requested change to this allergy:  |   |
| Dogs; Reaction: Itching;  |   |
| ○ I am not allergic to this Medication/Substance  |   |
|   |   |
| $\bigcirc$ The Type of Reaction is incorrect/incomplete (please supply details below)               |   |
|   |   |
|   |   |
|   |   |
|   | , |
| ○ The Type of Reaction is incorrect/incomplete (please supply details below)<br>Details (as needed) |   |
|   |   |

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

| The Item You Are Allergic To | Type of Reaction  |   |
|------------------------------|-------------------|---|
| Dogs                         | Itching           | E |
| Pollen Extract               | no reaction noted | E |
| E99                          | Hives; itchy eyes | E |
| Peanuts                      | Hives             | E |
| NO KNOWN DRUG ALLERGY        |                   | E |

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 selfadministered 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.

| Form Download/Upload | 7. Request for Administration of Medication (RAM)- K to 12 only   |        |
|----------------------|---|--------|
| Forms                | 1-Download the form.  |        |
| ab Results           | 2-Review the instructions, then complete and sign the form (Page 2)<br>3-Save a scanned or picture image of the form. |        |
| Parent Visit Summary | 4-Use the Upload button to upload the form (Page 2) to the student's medical  |        |
| mmunization History  | Download<br>Preview Download  | Upload |
| Change Student       | Status: Upload Required   |        |

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

| Medications                |   |
|----------------------------|---|
| Name of Medication         | Dosage and Directions   |
| APHEN                      | (Unspecified) MG (Unspecified) Tylenol, direction not noted X INDEF |
| EPINEPHRINE                | 0.3 MG/0.3ML SOLUTION AUTO-INJECTOR as needed X INDEF Edit          |
| Add No Current Medications |   |

6. 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                     |             |
| $\supset$ No longer taking this medication (please give discontinuation date and reason below)         |             |
| ○ Never started this medication  |             |
| $\supset$ Taking medication but Dosage/Directions are not correct (please supply the correction below) |             |
| Details  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  | Save        |
|  | Save Cancel |

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

| <b>Nedications</b>         |                       |
|----------------------------|-----------------------|
| 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.

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 Con                 | dition   |   | ×                        |
|---------------------------------|--|---|--------------------------|
| Medical                         |  |   |                          |
|                                 | which you have received medical care<br>below or select Add Other Conditions |   | Add Other Conditions     |
| Acne                            | ADD/ADHD   | Allergic Rhinitis/Hay Fever                       |                          |
| Anxiety                         | Asthma/Reactive Airway Disease   | Atopic Dermatitis/Eczema                          | Problem                  |
| Depression                      | Diabetes   | Environmental Allergies                           |                          |
| Headache                        | Hearing Loss/Disorders   | Heart Conditions                                  | Approximate Age at Onset |
| History of Bone/Joint Problems  | History of Concussion  | Lactose Intolerance                               |                          |
| Migraines                       | Scoliosis  | Seizure Disorder                                  | Comment                  |
| Vision Disturbance/Glasses      |  |   |                          |
| Add Other Conditions Please use | e the Add Other Conditions button for  | significant items not included in the list above. |                          |
|                                 |  |   | Save Cancel              |
|                                 |  | _   |                          |
|                                 |  | Save  | e Cancel                 |

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.

| Abnormal vision                           | Edit |
|---|------|
| Asthma requiring more than one medication | Edit |
| tigraine (Age = 1)                        | Edit |
| severe allergic reaction requiring epipen | Edit |

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

| el |
|----|
| 2  |

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 ×  | Add Surgery/Procedure *  |
|--|--|
| Only enter Hospitalizations that have occurred within the last 5 years.<br>Reason for Hospitalization (example: Pneumonia or Car Accident) | Only enter Surgeries/Procedures that have occurred within the last 5 years.<br>Description of Surgery/Procedure (example: Tonsiliectomy or Appendectomy) |
| Approx Date  | Approx Date  |
| Sive Cancel  | Save   |

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.

| Physical Evaluation Form Summer Uple   | bad Needed                                    |        |
|--|---|--------|
| 1-Download the physical exam form.     |   |        |
| 2- Have it completed and signed by t   | he the student"s regular medical provider.    |        |
| 3-Save a scanned or picture image of   | f ONLY the Physical Evaluation form (page 2). |        |
| 4- Use the Upload button to upload the | ne form to the student's medical chart.       |        |
| Download                               | Upload  |        |
| Preview Download                       | Upload  |        |
|  |   |        |
| Status: Upload Required                |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   |        |
|  |   | Cancel |

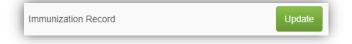
3. Select **Upload** to upload the completed PE as a scanned PDF or picture from your device. *NOTE:* Only the second page of the PE form which is signed by your child's health care provider is required to be uploaded to the portal. Do not upload the first page - this is to be completed prior to your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

| Physical Evaluation Form Summer Uple  | ad Needed                                     |  |
|---------------------------------------|---|--|
| 1-Download the physical exam form.    |   |  |
| 2- Have it completed and signed by t  | he the student's regular medical provider.    |  |
|                                       | f ONLY the Physical Evaluation form (page 2). |  |
| 4- Use the Upload button to upload th | e form to the student's medical chart.        |  |
| Download                              | Upload  |  |
| Preview Download                      | Upload  |  |
| Status: Upload Required               |   |  |
|                                       |   |  |
|                                       |   |  |
|                                       |   |  |

- 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.

| mmunization Record Upload Needed   |  |  |
|--|--|--|
| 1-Obtain all immunization records from the student's medical<br>provider.<br>2-Save a scanned or picture image of the records.<br>3-Use the 'Upload' button to upload the image to the student's<br>medical chart.   | Upload Received 4/6/2021 4:07 PM<br>Show Uploaded Document |  |
| Status: Upload Required Additional Uploads Upload Immunication Immunication R |  |  |
|  |  |  |

- 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*.