



---

## Middle School | Required Health Clearances

### *For New Students & All 7<sup>th</sup> Graders*

REQUIRED DOCUMENTS TO BE SUBMITTED BY **JULY 15**

The following items must be returned to the office in order for students to attend school. Please submit all documents via fax: 808-885-6233, scan/email to [umontez@parkerschoolhawaii.org](mailto:umontez@parkerschoolhawaii.org) or deliver to the Parker School front desk at 65-1224 Lindsey Road, Kamuela, HI 96743.

*\* Grade 7: See attached flyers on Hawaii State Law requirements.*

**If you are unable to make the deadline, please notify Uluwehi Montez at [umontez@parkerschoolhawaii.org](mailto:umontez@parkerschoolhawaii.org).**

- Proof of current physical exam *\*Physicals are good for ONE year from date of exam*
  - New students and all 7<sup>th</sup> graders (use Student's Health Record form)
- Copy of (each) child's immunization records
  - New students and 7<sup>th</sup> graders only
- Proof of TB clearance
  - New students only



BEGINNING FALL 2020

**HAWAI'I LAW REQUIRES ALL STUDENTS TO GET VACCINATED AND RECEIVE A PHYSICAL EXAM BEFORE 7<sup>TH</sup> GRADE.**



**IT'S THE RULE,  
DON'T MISS OUT ON SCHOOL**

**VACCINES  
YOUR CHILD  
NEEDS TO  
ATTEND 7<sup>TH</sup>  
GRADE**

✓ **TDAP** (TETANUS-DIPHTHERIA-PERTUSSIS)

✓ **HPV** (HUMAN PAPILOMAVIRUS)

✓ **MCV** (MENINGOCOCCAL CONJUGATE)

*The physical exam, as part of a well-child visit, must be completed within 12 months before starting 7<sup>th</sup> grade.*

**MAKE A DATE TO VACCINATE!**

Students without the required immunizations risk being excluded from school. Parents, call your child's healthcare provider today to make an appointment.

**TIPS:**

- Schedule an appointment with your child's healthcare provider during a school break.
- If your child needs a physical exam to play sports, ask that the 7<sup>th</sup> grade physical exam and vaccinations be done at the same time.



For more information, contact the Hawai'i Department of Health Immunization Branch

Web: [VaxToSchoolHawaii.com](http://VaxToSchoolHawaii.com)

E-mail: [immunization@doh.hawaii.gov](mailto:immunization@doh.hawaii.gov)

Call: (808) 586-8332 or  
1(800) 933-4832

# IMPORTANT NOTICE TO PARENTS



## SCHOOL HEALTH REQUIREMENTS, EFFECTIVE: JULY 1, 2020

### What does Hawai'i State Law require for childcare facility and school attendance?

Hawai'i State Law requires all students to meet physical examination, immunization, and tuberculosis clearance requirements before they may attend a childcare facility, preschool, or public/private school in the State.

### Are exemptions allowed?



Children may be exempt from immunization requirements for medical or religious reasons, if the appropriate documentation is presented to the childcare facility or school. Religious exemption forms may be completed at the childcare facility or school that your child will attend. Medical exemptions must be obtained from your child's healthcare provider. No other exemptions are allowed by the State.

### What are the health requirements?

- 1 Physical Examination:**
  - Must be completed within one year before:
    - First date of attendance at a childcare facility, preschool, or school in Hawai'i; and
    - First date of attendance in the seventh grade.
  - Must be performed by a U.S. licensed physician, APRN or PA.
- 2 Immunizations:**

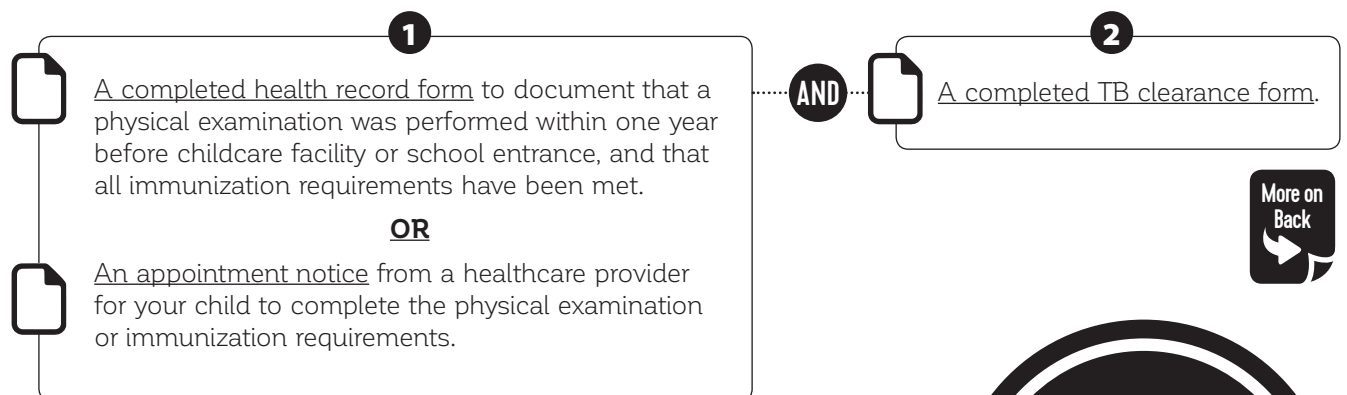
Immunizations are required for childcare facility and school attendance. Required immunizations depend on the age of the child (childcare or preschool) or grade of the student. All immunizations must meet minimum age and interval requirements between vaccine doses.
- 3 Tuberculosis (TB) Clearance:**

For information regarding TB clearance requirements for school attendance, talk to your child's healthcare provider or contact the Department of Health Tuberculosis Control Branch:

  -  call: (808) 832-5731
  -  web: [health.hawaii.gov/tb](http://health.hawaii.gov/tb)

### What is required by the first day of school?

By the first day of school, all students entering childcare, preschool, or school in Hawai'i for the first time must have:



Students who have not completed the above requirements by the first day of school will not be allowed to attend school until these requirements are met.



## Where do I get the “Student’s Health Record” form?

You can get a copy of the “Student’s Health Record” (Form 14) from the childcare facility or school where your child will be enrolled or from your child’s healthcare provider.

## What if my child is transferring from another state or territory of the U.S.?

You will need to show proof that the health requirements have been met prior to childcare facility or school entry. The childcare facility or school will accept out-of-state records that meet the State of Hawai‘i requirements for physical examination, immunizations, and tuberculosis clearance.

## Which immunizations are required?

Immunizations are required for all students entering childcare or preschool, kindergarten, and seventh grade, and for those students entering school in Hawai‘i for the first time, regardless of age.

### Childcare or Preschool

- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate Vaccine (PCV)
- Polio (IPV)
- Varicella (chickenpox)

### Kindergarten – 12th Grade

- DTaP
- Hep A
- Hep B
- Human Papillomavirus (HPV)\*
- Meningococcal Conjugate (MCV)\*
- MMR
- IPV
- Tetanus-diphtheria-pertussis (Tdap)\*
- Varicella

### 7th Grade

- HPV
- MCV
- Tdap

*\*All students entering school in Hawai‘i for the first time in 7th grade or higher must show evidence of receiving these immunizations prior to school attendance.*

## Questions?

### Hawai‘i Department of Health Immunization Branch



Web: [health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/](http://health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/)  
Email: [immunization@doh.hawaii.gov](mailto:immunization@doh.hawaii.gov)  
Call: (808) 586-8332 or 1 (800) 933-4832

### Hawai‘i Department of Health Tuberculosis Control Branch



Web: [health.hawaii.gov/tb](http://health.hawaii.gov/tb)  
Call: (808) 832-5731

Nondiscrimination in Services. We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call the Hawai‘i Department of Health Immunization Branch or our departmental Affirmative Action Officer at P.O. Box 3378, Honolulu, Hawai‘i 96801-3378 or at (808) 586-4616 (voice/tty) within 180 days of a problem.



# Parker School

## STUDENT'S HEALTH RECORD

**REQUIRED FOR:**

- NEW STUDENTS
- 7TH GRADERS

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

Female  Preschool: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Male  Elementary: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Intermediate/Middle: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 High: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthdate 

Month	Day	Year					

Parent's Name \_\_\_\_\_ (Mother/Legal Guardian) \_\_\_\_\_ (Father/Legal Guardian)

Allergies: \_\_\_\_\_

Please complete the following sections **(CHECK IF YES)**

MEDICAL STATUS										
Allergy (type) <input type="checkbox"/>	Cancer/Leukemia <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Seizures <input type="checkbox"/>	Vision Problem <input type="checkbox"/>	Asthma <input type="checkbox"/>	Chronic Cough/Wheezing <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	JRA Arthritis <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>
Behavioral Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hemophilia <input type="checkbox"/>	Rheumatic Heart <input type="checkbox"/>	Skin Problems <input type="checkbox"/>						

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE																												
Date	Grade	Height	Weight	BMI	Blood Pressure	Vision		Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) (See Results Below)	Provider's Signature	Provider's Stamp or Printed Name	
						R.	L.	R.	L.																			

TUBERCULOSIS EVALUATION		
Check one box below, complete date assessment, test or x-ray was administered.		Physician, APRN, PA, Clinic
Negative TB Risk Assessment	Date: ____ / ____ / ____	
Negative test for TB infection	Date: ____ / ____ / ____	
Positive test, and negative chest x-ray	Date: ____ / ____ / ____	

DENTAL EXAMINATION	
Dental Check-Up	Date: ____ / ____ / ____
Dental Check-Up	Date: ____ / ____ / ____

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)									
DTaP, DTP, DT, Tdap or Td	Type								
	Date								
Polio (IPV or OPV)	Type								
	Date								
Hib ( <i>Haemophilus influenzae</i> type b)	Type								
	Date								
Pneumococcal Conjugate	Type								
	Date								
Hepatitis B	Type								
	Date								
Hepatitis A	Type								
	Date								
MMR	Type								
	Date								
HPV	Type								
	Date								
Other	Type								
	Date								



Excellence | Integrity | Compassion

65-1224 Lindsey Road  
 Kamuela, HI 96743  
 Ph: 808-885-7933

Physician, APRN, PA or Clinic \_\_\_\_\_

