



New Invitees for 2016-2017 School Year

Aloha e nā mākuā,

Hau'oli makahiki hou! You're receiving this letter because you have a child who is a new student. We have made changes to streamline the process for medical clearance, so please read this letter carefully.

Completion of the enclosed Health History and Physical Exam form is required of all new students. The parent/guardian should complete the Health History page, which your healthcare provider needs to sign indicating review of your responses. Your healthcare provider will also need to complete and sign the Physical Exam page. The examination date must be on or after August 1, 2015. For Middle and High School students who intend to play a sport, this school physical will be accepted as a sports physical; a separate exam and form are not required.

Documentation of required immunizations is required. For all students, Kamehameha Schools requires the same early childhood immunizations that are required by the Department of Education as follows:

- Diphtheria, Tetanus, and Pertussis (DTaP): 5 doses
- Polio (IPV or OPV): 4 doses
- Measles, Mumps, and Rubella (MMR): 2 doses
- Hepatitis B: 3 doses
- Varicella (chickenpox): 2 doses

For students entering grades 6-12, additional immunizations are required as recommended by the Centers for Disease Control and Prevention (<http://www.cdc.gov/vaccines/>):

- Tetanus, Diphtheria, and Pertussis (Tdap): 1 dose
- Meningococcal Vaccine (MCV): 1 dose if younger than 16 years, and 1 dose if 16 years or older and not previously vaccinated. If received a dose when younger than 16 years, a second dose is required if now age 16 years or older.
 - A new vaccine to prevent a different type of meningococcal disease (MenB) has recently been recommended for children ages 16-18 years, but can be administered as early as 10 years. The MenB vaccine will not be required for next year, but we recommend discussing this vaccine with your healthcare provider.
- Human Papilloma Virus (HPV): 1 dose will be required for school entry, but the 3-dose series is expected to be completed. The second dose is given one to two months after the first dose, and the third dose given four months after the second dose.

Documentation of Tuberculosis screening is also required. The result of a Mantoux tuberculin test, including the date of administration, date of reading, and induration in millimeters, signed by a U.S. licensed physician, advanced practice registered nurse, or physician assistant should be provided. If the

result is >10mm, documentation of a negative chest x-ray must also be submitted. Documentation of screening that was previously performed for entry into a Department of Education school is acceptable.

If your child will have on campus any prescription medication or over-the-counter medication prescribed by a healthcare provider, a completed Request for Administration of Medication (RAM) form is required for each medication. The RAM form is available online at:

<http://blogs.ksbe.edu/mauihealthservices/health-forms/student-forms/> and requires a healthcare provider's signature. We recommend bringing copies of this form to the well-child exam if you expect your child will have a prescribed medication on campus.

Also enclosed is a Student Health Summary form that you should complete and return with the completed Health History and Physical Exam form. As a returning student in the future, you will be able to update the Student Health Summary information online through KS Connect.

The following forms should be completed through KS Connect:

- Medical Treatment Agreement and Release
- Athletic Participation Agreement and Release (only for Middle and High School students intending to play a sport)

All items are due by June 1, 2016! Please ensure that you request access to KS Connect in a timely manner. Attached is a checklist for your convenience.

Return the completed Student Health Summary form, the Health History and Physical Exam form along with immunization record, and any RAMs to your child's respective Mālama Ola Student Health Services Office. The contact information is noted below:

Mahalo,

Mālama Ola Student Health Services
Sue Hardesty, RN
Malia Song, RN
Nikki Baisa, RN

Mālama Ola Student Health Services			
Location	Elementary School	Middle School	High School
Contact Person	Nikki Baisa, RN	Malia Song, RN	Sue Hardesty, RN
Address	275 A'apueo Parkway Pukalani, HI 96768	281 A'apueo Parkway Pukalani, HI 96768	270 A'apueo Parkway Pukalani, HI 96768
Phone	808-572-3222	808-572-4221	808-573-7073
Fax	808-572-7232	808-572-3249	808-572-2303

Checklist for Kamehameha Schools Maui New Students Entering Grades K-12

ALL ITEMS ARE DUE BY JUNE 1, 2016

All Students:

- ☐ Complete the KS Health History and Physical Exam form, both signed by your healthcare provider, with an exam date on or after **August 1, 2015**
- ☐ Provide documentation of required immunizations

The chart below lists the minimum number of doses required by grade of entry:

Grade	DTaP	Polio	MMR	Hep B	Varicella	Tdap	MCV	HPV
K-5	5	4	2	3	2	0	0	0
6-12	5	4	2	3	2	1	1	1

- ☐ Complete a Request for Administration of Medication (RAM) form for each prescription medication or over-the-counter medication prescribed by a healthcare provider that a student will have on campus. *Download from web at: <http://blogs.ksbe.edu/mauihealthservices/health-forms/student-forms/> or phone your health services staff to have a RAM sent to you.*

- ☐ Provide documentation of Tuberculosis screening

The result of a Mantoux tuberculin test, including the date of administration, date of reading, and induration in millimeters, signed by a U.S. licensed physician, advanced practice registered nurse, or physician assistant is required. If the result is >10mm, documentation of a negative chest x-ray must be submitted.

- ☐ Complete the Student Health Summary form
- ☐ Complete the Medical Treatment Agreement and Release through KS Connect

Middle and High School students intending to play a sport:

- ☐ Complete the Athletic Participation Agreement and Release through KS Connect

Return the completed Student Health Summary form, the Health History and Physical Exam form along with immunization record, and any RAMs to your respective health services location noted below:

Mālama Ola Student Health Services			
Location	Elementary School	Middle School	High School
Contact Person	Nikki Baisa, RN	Malia Song, RN	Sue Hardesty, RN
Address	275 A'apueo Parkway Pukalani, HI 96768	281 A'apueo Parkway Pukalani, HI 96768	270 A'apueo Parkway Pukalani, HI 96768
Phone	808-572-3222	808-572-4221	808-573-7073
Fax	808-572-7232	808-572-3249	808-572-2303

Kamehameha Schools Maui Medical Clearance Requirements

Grade	Health History and Physical Exam ¹	Immunizations	Tuberculosis Screening ⁴	Request for Administration of Medications ⁵	Student Health Summary ⁶	Medical Treatment Agreement and Release ⁶	Sports Participation Agreement and Release ⁶
1	----	----	----	A	A	A	----
2	----	----	----	A	A	A	----
3	A	----	----	A	A	A	----
4	----	----	----	A	A	A	----
5	----	----	----	A	A	A	----
6	A	Tdap, MCV, HPV ²	----	A	A	A	S
7	S	----	----	A	A	A	S
8	S	----	----	A	A	A	S
9	A	----	----	A	A	A	S
10	S	----	----	A	A	A	S
11	A	----	----	A	A	A	S
12	S	----	----	A	A	A	S
New Invitees Grades K-5	A	DTaP, Polio, MMR, Hep B, Varicella ³	A	A	A	A	----
New Invitees Grades 6-12	A	DTaP, Polio, MMR, Hep B, Varicella ³ ; Tdap, MCV, HPV ²	A	A	A	A	S

A = Required for ALL students

S = Required for students who intend to play a SPORT

¹ Return completed health history and physical exam form, both signed by your healthcare provider, and a copy of your child's immunization record to the Elementary/Middle School Health Room.

² One dose of Tetanus, Diphtheria, and Acellular Pertussis (Tdap), Meningococcal Vaccine (MCV), and at least one dose of Human Papilloma Virus (HPV) are required.

³ 5 doses of Diphtheria, Tetanus, and Pertussis (DTaP); 4 doses Polio (IPV or OPV); 2 doses of Measles, Mumps, and Rubella (MMR); 3 doses of Hepatitis B; and 2 doses of Varicella (chicken pox) are required.

⁴ The result of a Mantoux tuberculin test, including the date of administration, date of reading, and induration in millimeters, signed by a U.S. licensed physician, advanced practice registered nurse, or physician assistant is required. If the result is >10mm, documentation of a negative chest x-ray must be submitted.

⁵ A Request for Administration of Medication (RAM) form, signed by your healthcare provider, is required for each prescribed medication your child will have on campus. The RAM form is available at: <http://blogs.ksbe.edu/mauihealthservices/health-forms/student-forms/>.

⁶ To be completed through KS Connect, which becomes available April 1, 2016.