

IMPORTANT NOTICE TO PARENTS

School Health Requirements



State of Hawai'i Department of Health
Immunization Branch

What does Hawai'i State Law require for school attendance?

Hawai'i State Law requires all students to meet examination and immunization requirements before they may attend any public or private school in the State.

School means any:

- Group child care home
- Day nursery
- Day care center
- Child care center
- Head Start program
- Preschool
- Kindergarten
- Elementary school
- Middle school
- Secondary school

Are exemptions allowed?

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

What are the health requirements?

Tuberculosis (TB) Clearance:

- Must be completed within one year before first entrance into school in Hawai'i (preschool or kindergarten through 12th grade)
- The tuberculin test (Mantoux) must be performed by a U.S. licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Naturopathic Medicine (ND), Advanced Practice Registered Nurse (APRN), Physician's Assistant (PA), or the Hawai'i Department of Health Tuberculosis Control Program at <http://health.hawaii.gov/tb/> or call (808) 832-5731.
- Infants who first attend school before age 12 months must submit a TB certificate to the school before they reach 14 months of age.

Physical Examination:

- Must be completed within one year before first entrance into school in Hawai'i (preschool or kindergarten through 12th grade)
- Must be performed by a U.S. licensed MD, DO, ND, APRN or PA.

Immunizations:

Immunizations required for school attendance:

- **DTaP/DTP/Td** (diphtheria/tetanus/pertussis)
- **Polio**
- **MMR** (measles, mumps, rubella)
- **Hepatitis B**
- **Hib** (*Haemophilus influenzae* type b) (for preschool attendance)
- **Varicella** (chickenpox)

All immunizations must meet minimum age and interval requirements between vaccine doses.

What is required by the first day of school?

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

1. Results of a tuberculosis examination, completed within one year before school entrance
AND
 2. A completed health record form to prove that a physical examination was performed within one year before school entrance, and that all immunization requirements have been met.
- OR

A signed statement or appointment slip from your doctor to prove that your child has a physical examination scheduled and/or has begun the vaccination series and is waiting for the next dose in the series.

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 school where your child will be enrolled or from your child’s doctor.

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 school entry. The school will accept out-of-state records that meet the State of Hawai‘i requirements for the physical examination, tuberculosis examination, and immunizations.

Which immunizations are required and how many doses does my child need?

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

See the table below for the specific vaccines and number of doses required.

Number of Vaccine Doses Required by Grade/Age						
Grade/Age	DTaP ^a	Polio ^b	Hib ^c	MMR ^d	Hep B ^e	Varicella ^f
Preschool	3 months	1	1	1	1	
	5 months	2	2	1	2	
	7 months	3	2	1	2	
	16 months	3	2	1	1	2
	19 months	4	3	1	1	3
K-12	5	4		2	3	1 or 2 ^g
7 ^h				2	3	1 or 2 ^g

- ^a DTaP=Diphtheria-Tetanus-Acellular Pertussis. DTP may be used in place of DTaP.
- ^b Polio=IPV (Inactivated poliovirus vaccine) or OPV (Oral poliovirus vaccine).
- ^c Hib=*Haemophilus influenzae* type b. More than one dose of Hib is recommended for children less than 15 months of age to be fully protected against *Haemophilus influenzae* type b. For preschool entry, children must have received at least one dose of Hib on or after 12 months of age.
- ^d MMR=Measles-Mumps-Rubella. The first dose of MMR vaccine must have been received on or after 12 months of age. For grades kindergarten through 12, two doses of measles vaccine are required, with at least one of the two doses being MMR vaccine.
- ^e Hep B=Hepatitis B vaccine. Required for all students born after December 31, 1992 and for 7th grade attendance.
- ^f Effective July 1, 2002. A documented history of varicella (chickenpox), signed by a U.S. licensed MD, DO, ND, APRN or PA, may be substituted for the varicella vaccine requirement. The first dose of varicella vaccine must have been received on or after 12 months of age.
- ^g Two (2) doses of varicella vaccine are required if the first dose is administered on or after the 13th birthday.
- ^h In addition to meeting the kindergarten through grade 12 immunization requirements upon first school attendance listed in the table above, all students must show evidence of having received these immunizations prior to 7th grade attendance. Students who received these vaccines in infancy or childhood do not need to receive them again, as long as all doses meet the minimum age and interval requirements.

Questions?

Call the State of Hawai‘i Department of Health Immunization Branch at (808) 586-8332 or at 1(800) 933-4832.

Public Health Nursing (Neighbor Islands)

Hawai‘i (808) 974-6025

Maui (808) 984-8260

Kaua‘i (808) 241-3387

Moloka‘i (808) 553-7880

Lana‘i (808) 565-7114



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.

STUDENT HEALTH RECORD

A) STUDENT INFORMATION



ST. ANDREW'S SCHOOLS

THE PRORY • THE PREP • THE PRESCHOOL

Name: _____
(Last) (First) (Middle Initial)

Gender: MALE FEMALE

REQUIRED BY LAW

Birthdate:

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Medical Insurance: _____

224 Queen Emma Square
Honolulu, HI 96813

Policy Number: _____

B) MEDICAL STATUS: PLEASE COMPLETE THE FOLLOWING SECTIONS (CHECK IF YES)

Allergy (type)	<input type="checkbox"/>	Chronic Cough/Wheezing	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Sickle Cell Anemia	<input type="checkbox"/>	Comments:
Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Significant Past Illness, Injury, or Allergy:
Cancer/Leukemia	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	Rheumatic Heart	<input type="checkbox"/>	Vision Problems	<input type="checkbox"/>	

C) PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE

Date	Grade	Height	Weight	Blood Pressure	Vision		Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Significant Findings and Recommendations	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	PPD Screening (Check if Yes) See Results	Provider's Signature	Provider's Stamp or Printed Name
					R	L	R	L																			
/ /																											
/ /																											

D) TUBERCULOSIS EXAMINATION

MANTOUX TEST (INTRADERMAL)				CHEST X-RAY		
Date Given	Date Read	Results (mm)	Physician, APRN, PA or Clinic (Signature or Stamp if Different from Above)	Date	Results	Location
/ /	/ /			/ /		
/ /	/ /			/ /		

F) ATHLETICS

(REQUIRED - TO BE UPDATED ANNUALLY)

Physician: I certify that I have, on this date, examined and found this student able and fit for participation in (CHECK IF YES): ALL SPORTS

Baseball	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	Canoe Paddling	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>
Football	<input type="checkbox"/>	Golf	<input type="checkbox"/>
Judo	<input type="checkbox"/>	Kayaking	<input type="checkbox"/>
Precision Air Riflery	<input type="checkbox"/>	Sailing	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	Softball	<input type="checkbox"/>
Sporter Air Riflery	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	Track and Field	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	Water Polo	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>		

Restrictions:	Physician's Initial:
Parent Initial (Required if any restrictions are listed)	Date:

E) IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)

DTaP, DTP, DT, or Td		Polio (IPV or OPV)		HIB Haemophilus influenzae type B		Hepatitis B	Hepatitis A	MMR
Type	Date given	Type	Date Given	Type	Date Given	Date Given	Date Given	Date Given
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /	Measles		OTHER				
Varicella		/ /		Type	Date Given	Date Given	Date Given	
Type	Date given							
	/ /	Mumps			/ /	/ /	/ /	/ /
	/ /	/ /			/ /	/ /	/ /	/ /
	/ /	Rubella			/ /	/ /	/ /	/ /
	/ /	/ /			/ /	/ /	/ /	/ /

Physician, APRN, PA or Clinic (Signature or Stamp if different from above) _____