

HA-16 Student Health Record

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

Female Male

Early Childhood (Grades K3 & K4): Entry Date ____/____/____

Elementary (Grades K5 - 6): Entry Date ____/____/____

Upper School (Grades 7 - 12): Entry Date ____/____/____

Birthdate

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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 Examination Mantoux Test (Intradermal)			
Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic
Chest X-Ray			
Date	Results	Location	

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						
MMR	Date						
					Varicella		

Health Requirements

Welcome to Hanalani Schools! To assist you in preparing for your child's entrance to school, we have included a checklist of requirements that must be completed before the first day of attendance. If these requirements are not met, your child will not be permitted to attend school. These requirements are mandated by the Hawaii State Department of Health (DOH); for your reference, please read the School Health Requirements pamphlet provided to you for the requirements and additional information. *Please note that all of the information below must be recorded on the [HA-16 Student Health Record](#) provided to you by Hanalani Schools.*

Physical Examination (PE)

- Must be written in English.
- Must be completed within one year before first entrance into school in Hawaii (preschool or K to 12).
- The PE must be performed and signed by a U.S. licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), or Physician's Assistant (PA).
- The PE must be listed on the Hanalani Student Health Record; printouts are not acceptable.

Tuberculin (TB) Clearance Test

- Must be written in English.
- Each student must have a valid certificate of TB examination prior to the date of first attendance at school in Hawaii.
- The TB test must be performed by a U.S. licensed MD, DO, APRN, or PA.
- The TB test must be a Mantoux or PPD.
- The certificate of TB examination must include:
 - Date of administration and reading
 - Results in millimeters
 - Signature or stamp of a U.S. licensed MD, DO, APRN, or PA

Immunization Record

- Must be written in English.
- Have complete dates
- Meet minimum ages and intervals between doses
- Have the signature or stamp of a U.S. licensed MD, DO, APRN, or PA

Required Immunizations

- 5 doses of DTaP or DTP (Diphtheria, Tetanus, Pertussis)
- 4 doses of Polio (IPV or OPV)
- 2 doses of MMR (Measles, Mumps, Rubella)
 - Two doses of measles vaccine are required, with at least one of the two being MMR vaccine.
- 3 doses of Hepatitis B
 - Required for school attendance for all students born after December 31, 1992, and for 7th grade attendance.
- 1 or 2 doses of Varicella (chickenpox)
 - Effective July 1, 2002, two doses of varicella vaccine are required if the first dose is administered on or after the 13th birthday.
 - A document history of varicella (chickenpox), signed by a U.S. licensed MD, DO, APRN, or PA, may be substituted for the varicella vaccine requirements.