



Mid-Pacific  
Health Center Information & Student Health Record Guidelines  
School and State Health Department Regulations

**THE STUDENT HEALTH RECORD FORM IS LOCATED ON PAGE THREE OF THIS DOCUMENT.**

**All Mid-Pacific Students:**

Each year, **all new students** must submit their Mid-Pacific Student Health Record by **July 16**. **All returning students entering grades 6, 9 and 11** must submit Mid Pacific Student Health Record prior to the start of the new school year. **ALL new students and all 6<sup>th</sup> graders** must have a new TB clearance and physical exam within 1 year prior to the start of the first day of school. New students must also have a complete immunization record documented on the Mid-Pacific Student Health Record.

- Only the **Mid Pacific Student Health Record form (page 3)** is acceptable.
- Please check forms for proper signatures and documentation prior to submitting.
- Incomplete forms will not be processed.
- All Mid-Pacific students are required to have medical insurance.
- Be sure to list and communicate allergies, previous injuries and/or other serious health issues (e.g asthma, diabetes).
- **Note for new students:** The Mid-Pacific Student Health Record must be on file in the Health Room prior to the first day of attending class. Students **will not** be allowed to attend school without a completed health record on file. **Do not** wait until the week before school to submit the required documentation.
- How to submit completed forms (**please make a copy for your records before submitting**):
  - For Elementary School Students (grades Pre-K-5) – please return forms to the Elementary School front desk.
  - For Middle and High School Students (grades 6-12) – please return forms to Damon Hall.

**CSAL (Christian School Athletic League) Participants:**

All students in grades 4-6 participating in CSAL athletic activities are covered by the requirements listed above. Please ask the physicians to **complete and sign section F** on the health record form.

**ILH, Pac-5, HHSAA and Dance Class Participants:**

All students in grades 7-12 participating in Mid-Pacific sponsored athletic activities and dance classes must complete the student health record **annually** and have the physician **complete and sign section F**. Completed forms must be submitted **prior to the first athletic activity** (incl. tryouts, practices, conditioning workouts and contests) **or dance class**.

**FAQ's:**

**When do I need to turn in my child's Mid-Pacific Student Health Record?**

- All new students' Mid-Pacific Student Health Records must be submitted to Damon Hall or Elementary School no later than **July 16**. Returning students entering 6,9,11 grades can submit the health record prior to the start of the new school year. **Note for athletics and/or dance class participants:** Once completed and submitted, the health record form is valid for one calendar year from date of examination. Up-to-date forms must be submitted as soon as possible after the prior expiration date in order for students to be eligible for participation.
- Returning students in grades 7, 8, 10 and 12 do not have to update their Mid-Pacific Student Health Record unless they are participating in athletics or dance classes.

### What should be listed on the Mid-Pacific Student Health Form?

- Date and results of your child's most recent annual Physical Exam should be written on the form and signed by a U.S. licensed medical provider.
- A **complete** immunization record which includes: 1) Diphtheria, Pertussis, Tetanus; 2) Measles, Mumps, Rubella; 3) Polio; 4) Hepatitis B (with some exceptions); 5) Varicella or disease documentation (with some exceptions).
- If your child's immunizations are not complete, you must provide documentation of the doctors' appointments to complete the immunizations. Personal exemptions to immunizations are **not accepted**.
- All **new students and 6<sup>th</sup> grade students** must have **TB clearance performed and documented** by a U.S. licensed medical provider within **one (1) year prior to the first day of school**. No one is allowed in class without this.
- **Section F** must be completed annually if your child is enrolled in a dance class or participating in athletics.

### What is the Medical Authorization Form?

- The Medical Authorization Form is part of the **confidential Student Parent Data** on-line form used by the Health Room only that informs our Registered Nurse of medications and medical conditions associated with your child.
- Emergency information for parent contact is critical. Please be sure all telephone numbers, cell phone numbers and pagers are current.

### For returning students only: What if I could not get an appointment for my child's Physical Exam before their old one expires?

- If your child's physical exam expires and they need a new one for dance or sports, please contact Damon Hall at 973-5000 or 973-5025 or the Elementary School Health Room at 441-3807 to communicate the **date of the upcoming medical appointment**. We understand that insurance does not allow you to make appointments sooner than a year from the previous exam. Schedule the appointment for a date as soon as is possible.
- Once your child has completed the requirements, please return the original Mid-Pacific Student Health Record to Damon Hall or the Elementary front desk as soon as possible. Do not wait.
- **Note for athletics and/or dance class participants:** No accommodations can be made for students participating in athletics and/or dance classes. Their health record must be up-to-date at all times, in order for students to be eligible for participation.

### What if I still have questions about my child's health form or other health issues?

- Call the Mid-Pacific Health Center at 973-5120 with any questions.
- For questions specific to athletic participation please call 973-5095.
- For questions specific to participation in the dance program please call 973-5071.

### Returning the Mid Pacific Student Health Record Form:

#### Deadline:

Please return no later than July 16, or as soon as possible after expiration date (for athletics and/or dance classes), to Damon Hall or Elementary School front desk. Forms may also be mailed to:

**Elementary students:** Mid-Pacific  
Elementary School Office  
2445 Kaala Street  
Honolulu, HI 96822

**Middle and High School students:** Mid-Pacific  
Damon Hall  
2445 Kaala Street  
Honolulu, HI 96822

**MID-PACIFIC INSTITUTE STUDENT HEALTH RECORD**

Mid-Pacific Institute ♦ 2445 Ka'ala St. ♦ Honolulu, HI 96822

**Damon Hall: Phone: (808) 973-5000 ♦ MS / HS Health Room: Phone: (808) 973-5120 ♦ ES Health Room: Phone: (808) 441-3807**

**THIS DOCUMENT HAS BEEN REVISED. Effective immediately completed forms must be submitted to Damon Hall for Grades 6-12, and the Elementary School Front Desk for Grades Pre-K-5. Received forms will only be processed on weekdays (school days) until 2:00 P.M.**

**A) STUDENT INFORMATION**

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) Gender:  MALE  FEMALE Date of Birth: \_\_\_\_\_ (MM/DD/YY)

Medical Insurance: \_\_\_\_\_ Policy No. \_\_\_\_\_

**B) MEDICAL STATUS: Please complete the following sections (Check if YES)**

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

**C) PHYSICIAN'S EXAMINATION CODE: N = Normal; A = Abnormal; C = Corrected; R = Receiving Care**

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

**D) TUBERCULOSIS EXAMINATION  
Mantoux Test (Intradermal)**

Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic (Signature or Stamp if different from above)
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

**E) IMMUNIZATIONS (VACCINES, DATES GIVEN: Month/Day/Year)**

DTaP, DTP, DT, or TD		Polio (IPV or OPV)		HIB Haemophilus Influenzae Type B		Hepatitis B	Varicella	MMR
Type	Date Given	Type	Date Given	Type	Date Given	Date Given	Date Given	Date Given
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /		/ /		/ /	/ /	/ /	/ /
	/ /	OTHER				Hepatitis A		MEASLES
	/ /	Type	Date Given	Date Given	Date Given		/ /	MUMPS
	/ /		/ /	/ /	/ /		/ /	RUBELLA
	/ /		/ /	/ /	/ /		/ /	/ /

**CHEST X-RAY**

Date	Results	Location
/ /		
/ /		

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

**F) ATHLETICS / DANCE CLASS (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"/>	Bowling <input type="checkbox"/>	Cheerleading <input type="checkbox"/>	Dance <input type="checkbox"/>	Golf <input type="checkbox"/>	Kayaking <input type="checkbox"/>	Sailing <input type="checkbox"/>	Softball <input type="checkbox"/>	Swimming <input type="checkbox"/>	Track & Field <input type="checkbox"/>	Water Polo <input type="checkbox"/>
Basketball <input type="checkbox"/>	Canoe Paddling <input type="checkbox"/>	Cross Country <input type="checkbox"/>	Football <input type="checkbox"/>	Judo <input type="checkbox"/>	Precision Air Riflery <input type="checkbox"/>	Soccer <input type="checkbox"/>	Sporter Air Riflery <input type="checkbox"/>	Tennis <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Wrestling <input type="checkbox"/>

Restrictions: \_\_\_\_\_ Physician Initials: \_\_\_\_\_ Parent Signature (required if any restrictions listed): \_\_\_\_\_

**\*PLEASE ATTACH ADDITIONAL DOCUMENTATION / COMMENTS AS NEEDED\***