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** and **all returning students entering grades 6, 9 and 11** must update their Mid-Pacific Student Health Record prior to the start of the new school year. **ALL new students and all 6th 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.

- 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).
- Students will not be allowed to attend school without appropriate documentation on file. **Do not** wait until the week before school to submit the required documentation.
- **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.
- Returning 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 and all returning students entering grades 6, 9 and 11 MUST have a physical exam by a U.S. licensed medical practitioner. The Mid-Pacific Student Health Record must be updated to document this exam. The exam must be performed within a year of the first day of the new school year.
- All Student Health Records must be returned to Damon Hall and/or Elementary School no later than July 27.
- **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 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.
- All new students and 6th grade students must have TB clearance listed and signed by a U.S. licensed medical provider within one (1) year of the first day of school.
- 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 a confidential 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.
- Be sure to indicate which over-the-counter medications you will allow the school nurse to administer to your child should he/she need to visit the Health Center.
- This form must be completed and submitted on-line by July 27.

For returning students only: What if I could not get an appointment for my child’s Physical Exam before May 1?

- If your child’s physical exam is scheduled after May 1st, please contact Damon Hall at 973-5000 or 973-5025 or the Elementary School front desk at 973-3801 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 as soon as possible. Do not wait.
- The list of students without returned Mid-Pacific Student Health Records will be provided to teachers on the first day of school. Your child may be prohibited from attending class.
- 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 27, 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**

**Name:** ___________________________________________________________

**Gender:** ____________________________

**Medical Insurance Restrictions:**
- Basketball
- Baseball

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>____________________________</th>
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<tbody>
<tr>
<td>Gender:</td>
<td>MALE  FEMALE</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>(MM/DD/YY)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Allergy (Type):</th>
<th>Cancer/Leukemia</th>
<th>Hemophilia</th>
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</thead>
<tbody>
<tr>
<td>Chronic Cough/Wheezeing:</td>
<td>Rheumatic Heart</td>
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<td>Diabetes:</td>
<td>Sickle Cell Anemia</td>
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<td>Hearing Problems:</td>
<td>Seizures</td>
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<td>Asthma:</td>
<td>Heart Disease</td>
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<td>Vision Problems:</td>
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**Comments:**

**Significant Past Illness, Injury, or Allergy:**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Grade</th>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure (R./L.)</th>
<th>Vision (R./L.)</th>
<th>Hearing (R./L.)</th>
<th>Ears</th>
<th>Nose</th>
<th>Throat</th>
<th>Teeth</th>
<th>Heart</th>
<th>Lungs</th>
<th>Abdomen</th>
<th>Nervous Sys.</th>
<th>Skin</th>
<th>Sebaceous</th>
<th>Excoriations</th>
<th>Nutrition</th>
<th>Significant Findings and Recommendations</th>
<th>Varicella</th>
<th>Immunity Secondary to Disease (Date)</th>
<th>Provider's Signature</th>
<th>Provider's Stamp or Printed Name</th>
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**IMMUNIZATIONS (VACCINES, DATES GIVEN: Month/Day/Year)**

<table>
<thead>
<tr>
<th>Type</th>
<th>DTaP, DTP, DT, or TD</th>
<th>Polio (IPV or OPV)</th>
<th>HIB / Haemophilus Influenzae Type B</th>
<th>Hepatitis B</th>
<th>Varicella</th>
<th>MMR</th>
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</thead>
<tbody>
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<td>Date Given</td>
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**CHEST X-RAY**

<table>
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<tr>
<th>Date</th>
<th>Results</th>
<th>Location</th>
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**Physician, APRN, PA, or Clinic (Signature or Stamp if different from above)**

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

**Physician Initials:**

**F) ATHLETICS / DANCE CLASS (REQUIRED - TO BE UPDATED ANNUALLY)**

**Restrictions:**

**Parent Signature (required if any restrictions listed):**

*PLEASE ATTACH ADDITIONAL DOCUMENTATION / COMMENTS AS NEEDED*