Prepare Your Child for 7th Grade
Notice of School Health Requirements

The Hawaii State Departments of Education (HIDOE) and Health (DOH) are collaborating on ways to protect and ensure the health of our keiki. Adolescence is a time of physical, emotional, and social change, and a well-child visit with a healthcare provider can help to prevent health issues from developing.

State law requires all students to receive a **physical exam** and **immunizations** before starting seventh grade.

What you need to do:

- Call your child's healthcare provider now to schedule an appointment for a physical exam, as part of a well-child visit
- Bring the attached Student's Health Record (Form 14) to the appointment. During the visit, the healthcare provider will:
  - Conduct the physical exam and administer immunizations;
  - Answer your and your child's questions about health and wellness; and
  - Complete the Form 14
- Submit the completed Form 14 to the school your child will attend for seventh grade

The physical exam must be completed within 12 months before starting seventh grade. Students without the required immunizations by the first day of seventh grade risk being excluded from school. Let the school know if you need more time to schedule your child's appointment.

For more information, visit https://health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/.

Mahalo for supporting your child's health!

VAX TO SCHOOL

BEGINNING FALL 2020

HAWAIʻI LAW REQUIRES ALL STUDENTS TO GET VACCINATED AND RECEIVE A PHYSICAL EXAM BEFORE 7TH GRADE.

IT'S THE RULE, DON'T MISS OUT ON SCHOOL

VACCINES YOUR CHILD NEEDS TO ATTEND 7TH GRADE

- **TDAP** (TETANUS-DIPHTHERIA-PERTUSSIS)
- **HPV** (HUMAN PAPILLOMAVIRUS)
- **MCV** (MENINGOCOCCAL CONJUGATE)

The physical exam, as part of a well-child visit, must be completed within 12 months before starting 7th grade.

MAKE A DATE TO VACCINATE!

Students without the required immunizations risk being excluded from school. Parents, call your child's healthcare provider today to make an appointment.

TIPS:

- Schedule an appointment with your child's healthcare provider during a school break.
- If your child needs a physical exam to play sports, ask that the 7th grade physical exam and vaccinations be done at the same time.

For more information, contact the Hawaiʻi Department of Health Immunization Branch

Web: VaxToSchoolHawaii.com E-mail: immunization@doh.hawaii.gov Call: (808) 586-8332 or 1(800) 933-4832

Department of Education

Student's Health Record

Student Information

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

Sex: ☐M ☐F
DOB: ____/____/____

Entry dates
Pre-K: ____/____/____
Elem.: ____/____/____
Int./Middle: ____/____/____
High: ____/____/____

Student Address Label

Parent/Legal Guardian Names:
1. _____ 2. _____

Medical Conditions

☐Allergies	☐Asthma	☐Chronic Cough/Wheezing	☐Hearing Problems	☐Seizures	Other
☐Bees	☐Blood Disorders	☐Diabetes Type I	☐Heart Condition	☐Skin Problems	_____
☐Food	☐Bone/Joint Disorders	☐Diabetes Type II	☐High Blood Pressure	☐Vision Problems	_____
☐Medication	☐Cancer/Leukemia	☐Genetic Condition	☐Metabolic Disorder		_____

Physical Examination (N - Normal, A - Abnormal, R - Receiving Care)

Date	Height	Weight	BMI	*Blood Lead	Blood Pressure	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Provider's Signature	Printed Name
____/____/____																				
____/____/____																				

Tuberculosis Evaluation

Check appropriate box	Date
☐Negative TB Risk Assessment	____/____/____
☐Negative test for TB infection	____/____/____
☐Positive test & negative chest x-ray	____/____/____

Dental Examination

Dental Check-Up	____/____/____
Dental Check-Up	____/____/____

Vision and Hearing

Visual Acuity ☐Color Vision Deficient R 20 /____ L 20 /____ ☐ Corrected ☐Corrected	____/____/____
Hearing Thresholds 500 1000 2000 4000 R _____|_____|_____|_____ L _____|_____|_____|_____	____/____/____

Signature or Stamp of Healthcare Provider or Clinic:

Immunizations

DTaP, DTP, DT or Td	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Polio (IPV or OPV)	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	
Hib (Haemophilus influenzae tybe b)	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	
Pneumococcal Conjugate	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	
Hepatitis B	Type				Varicella immunity secondary to disease (date)	
	Date	____/____/____	____/____/____	____/____/____		____/____/____
Hepatitis A	Type			Varicella		
	Date	____/____/____	____/____/____	Date	____/____/____	____/____/____
MMR	Type				MCV	
	Date	____/____/____	____/____/____		Date	____/____/____
HPV	Type				Tdap	
	Date	____/____/____	____/____/____	____/____/____	Date	____/____/____
Other	Type					
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, February 2022
*If recommended/required based on screening/EPSDT requirements.

6-8A

RS 22-1004 (Rev. of RS 18-0811) May 2022

Health History Comments: Include referrals and reports. Recommendation for significant findings. (Please print)

Date	Comments	Signature & Title	Date	Comments	Signature & Title