Immunization & Examination Requirements for School Entry
Immunization & Examination Requirements for School Entry

• Hawaii Revised Statutes (State Laws)
• Hawaii Administrative Rules (HAR) Chapter 11-157
Health Requirements

• Physical Examination (PE)
• Tuberculosis (TB) Examination
• Immunizations
Physical Examination

• Each student must present a record of PE before first attending school in Hawaii
• Must be performed within 12 months before first school attendance
• Must be performed and signed by a U.S. licensed physician, APRN, or PA
• A valid PE may be used for transfer into all other schools in Hawaii
Tuberculosis Examination

- Each student must provide a certificate of TB examination before first attending school in Hawaii
- Must be performed within 12 months before first attending school in Hawaii
- Must be issued by Hawaii DOH, or a U.S. licensed physician, APRN, or PA
- A valid certificate of TB examination may be used for transfer into all other schools in Hawaii
Tuberculosis Examination
(continue)

- Must be a Mantoux tuberculin skin test (PPD). Tine test is not acceptable
- A certificate of TB must include:
  - date administered & read
  - results in millimeters
  - Signature or stamp of MD, DO, APRN, PA, or clinic
Tuberculosis Examination
(continue)

• TB test Results:
  • <10 mm: acceptable for school entry
  • ≥10 mm: must also have a chest x-ray (CXR). Written documentation of a negative CXR must be provided prior to first attendance at school
Tuberculosis Examination
(continue)

• Students with a documented past positive PPD test, may have a CXR performed and certificate issued without a repeat skin test
Tuberculosis Examination
(continue)

- Children who first attend school before age 12 months:
  - must turn in a TB certificate before they reach 14 months of age, or be excluded from school until the certificate is obtained
For children less than 19 months of age, required immunizations are based on the child’s age

HAR Chapter 11-157, Exhibit B (page 2) Table 1
Required Immunizations
- Preschool (continue)

• For children 19 months of age & older:
  - 4 DTaP
  - 3 Polio
  - 1 MMR
  - 1 Hib (at least one dose of Hib on or after 12 months of age)
  - 3 Hep B
  - 1 varicella
Required Immunizations
Grade Kindergarten - 12

- 5 DTaP
- 4 Polio
- 2 MMR
- 3 Hep B*
- 1 or 2 varicella**

*3 doses of hepatitis B vaccine are required for school attendance for all students born after December 31, 1992 and for 7th grade attendance

**2 doses of varicella vaccine are required if the first dose is given on or after the 13th birthday
Required Immunizations
- 7th grade attendance*

- 2 MMR
- 3 Hep B
- 1 or 2 varicella**

*In addition to meeting the K-12 immunization requirements

**2 doses are required if the first dose is administered on or after age 13 years
Immunization Requirements

- Must have complete dates (month/day/year)
- Must meet minimum ages & intervals between doses
- Must be signed or stamped by a U.S. licensed physician, APRN, PA, or clinic
Immunity by serologic testing

• Laboratory evidence of immunity may be substituted for a record of immunization

• Requires a laboratory report, signed by a U.S. licensed physician, APRN, or PA certifying that student is immune to the specified disease
Clinical history of varicella infection

• A documented history of varicella (chickenpox), signed by a U.S. licensed physician, APRN, or PA may be substituted for the varicella vaccine requirement
Minimum intervals between vaccine doses

- HAR, Chapter 11-157, Exhibit B - Table 5
- There is **No** maximum interval between doses
- An immunization given before the minimum age or interval between doses will **NOT** be acceptable for school entry
4-Day “Grace Period”

- A grace period of 4 days applies to each minimum age & interval
Exemptions

• Apply to Immunizations
• Two types: Medical or Religious
• There are No exemptions to the TB clearance requirement
• Philosophical exemptions are Not allowed by the State.
Medical Exemption

- A medical exemption may be granted by a U.S. licensed physician.
- A physician must state in writing that giving a specific vaccine would endanger the student’s life or health and specify the medical reason.
Medical Exemption (continue)

- Must state the length of time during which the vaccine would endanger the student’s health or life
- Must be on the stationery or printed forms of the physician
Religious Exemption

- Parent/guardian must sign a statement certifying that the person’s religious beliefs prohibit the practice of immunization (DOH EPI 7 Form)
- A religious exemption based on an objection to a specific vaccine will not be granted
Provisional Attendance

- A student who does not complete:
  - all required immunizations
  - report of a PE

  may attend school provisionally upon submitting written proof (appointment card) from a health care provider that the student is in the process of completing the missing requirements

- There is NO provisional attendance for students lacking a TB clearance
Provisional Attendance

(continue)

Students attending school on provisional attendance status have 3 months from the date of provisional attendance to complete the missing health requirements

(EPI 10B)
Provisional Attendance
(continue)

• Students who do not complete the missing immunizations or PE within 3 months will be excluded from school

• School should send parent the “Notice of Exclusion” (EPI 10D), stating the student will be excluded 30 calendar days from the date of the notice
Provisional Attendance
(continue)

• Beginning **30 days** after the date of the “Notice of Exclusion,” the student shall be excluded from school

• Student may attend school after bringing documentation showing completing of the missing health requirements
Screening Records
Case Study
Resource: How to complete the Form 14:

How to Complete the Form 14

<table>
<thead>
<tr>
<th>Name</th>
<th>Immune</th>
<th>Knees</th>
</tr>
</thead>
</table>

**Medical Status**
- **Arthritis**
- **Chronic Colds**
- **Heart Disease**
- **Hypertension**
- **Other**

**Physician's Examination Code**
- **Normal**
- **Abnormal**
- **C-Ortho**
- **R-Receiving Care**

**Immunizations (Vacccines) - Dose Given - Route (No/Yes)**

**Chest X-Ray**
- **Location**

**Office Use Only (Rev. 2002)**

Additional cardstock copies of the Form 14 may be ordered from the Department of Education's District Offices.
- Honolulu: 733-4950
- Leeward: 692-8000
- Central: 827-7478
- Windward: 233-5700
- Hawaii: 974-6600
- Kauai: 274-3502
- Maui: 984-8000
Screening Health Record: Case Sample (Form 14)

**Department of Education**

**STUDENT'S HEALTH RECORD**

<table>
<thead>
<tr>
<th>Name</th>
<th>Immunize Tom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthdate</td>
<td>07 01 1998</td>
</tr>
<tr>
<td>Parent's Name</td>
<td>(Mother/Guardian)</td>
</tr>
<tr>
<td>Date of Entry</td>
<td>9/1/03</td>
</tr>
</tbody>
</table>

**MEDICAL STATUS**

- **Allergy type:** Cancer, Leukemia
- **Asthma:** Chronic Cough/Wheezing
- **Vision Problems:** Diabetes

**PHYSICIAN'S EXAMINATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Grade</th>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Vision</th>
<th>Hearing</th>
<th>Eyes</th>
<th>Nose</th>
<th>Throat</th>
<th>Heart</th>
<th>Lung</th>
<th>Bowel</th>
<th>System</th>
<th>Skin</th>
<th>Scabies</th>
<th>Nausea</th>
<th>Nutritional</th>
<th>Significant Findings and Recommendations</th>
<th>Vaccines (Type)</th>
<th>Immunizations (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/10/03</td>
<td>38</td>
<td>40</td>
<td>59</td>
<td>99</td>
<td>80/60</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TUBERCULOSIS EXAMINATION**

- **Date Given:** 2/10/03
- **Date Read:** 2/12/03

**CHEST X-RAY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Results</th>
<th>Location</th>
</tr>
</thead>
</table>

**DENTAL EXAMINATION**

**IMMUNIZATIONS**

- **DTaP:** 9/11/98
- **Hib:** 9/11/98
- **HiB:** 9/11/98
- **IPV:** 9/11/98
- **HiB:** 9/11/98
- **HiB:** 9/11/98
- **HiB:** 9/11/98
- **HiB:** 9/11/98
- **HiB:** 9/11/98

**OTHER**

- **Physician, APRN, PA or Clinic (Signature or stamp if different from above):**

*OFFICE USE ONLY (Rev. 2002)*
## Case Sample:
### Student Name & Birthdate

<table>
<thead>
<tr>
<th>Name</th>
<th>Immuneze</th>
<th>Tom</th>
<th>Female</th>
<th>Prechool:</th>
<th>Entry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthdate</td>
<td>07 01 1998</td>
<td></td>
<td>Male</td>
<td>Elementary:</td>
<td>9/1/03</td>
</tr>
<tr>
<td>Parent's Name</td>
<td>(Father/Guardian)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Status
- Allergy (type): Cancer/Lymphoma
- Asthma: Chronic Cough/Wheezing
- Vision Problems: Diabetes
- Hearing Problems: Heart Disease
- Rheumatic Heart: Sickle Cell Anemia
- Seizures: Hemophilia

### Examination Code
- N-Normal
- A-Abnormal
- C-Corrected
- R-Receiving Care

### Dental Examination
- Dental Check-Up: 

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*OFFICE USE ONLY (Rev. 2002)*
Case Sample: PE – date performed (within 12 months of school entry date)
Case Sample: PE – Valid provider signature (with physician credentials)
Case Sample: Valid TB certification (documented by physician)

<table>
<thead>
<tr>
<th>Immunize</th>
<th>Reviewed Immunization Record (Check if Yes)</th>
<th>Completed PPD Screening (Check if Yes)</th>
<th>Provider's Signature</th>
<th>Provider's Stamp or Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>MD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Grade</th>
<th>Height</th>
<th>Weight</th>
<th>Vision</th>
<th>Hearing</th>
<th>Nose</th>
<th>Throat</th>
<th>Heart</th>
<th>Lungs</th>
<th>Abdomen</th>
<th>Sore Throat</th>
<th>Sore Neck</th>
<th>Swollen Lymph Nodes</th>
<th>Vanceli Immunity Secondary to Disease (DATE)</th>
<th>Provider's Signature</th>
<th>Provider's Stamp or Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/10/03</td>
<td>38</td>
<td></td>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MD</td>
</tr>
</tbody>
</table>

**Tuberculosis Examination Mantoux Test (Intradermal)**

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Results (mm)</th>
<th>Physician, APRN, PA, or Clinic (Signature or Stamp if Different from Above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/10/03</td>
<td>2/12/03</td>
<td>0 mm</td>
<td></td>
</tr>
</tbody>
</table>

**Chest X-Ray**

<table>
<thead>
<tr>
<th>Date</th>
<th>Results</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dental Examination**

<table>
<thead>
<tr>
<th>Dental Check-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*OFFICE USE ONLY (Rev. 2002)
Case Sample:
Screening Record – Immunizations
DTaP or DTP Vaccine
Minimum ages and intervals between doses:

- **1st dose:** on or after 6 weeks of age
- **2nd dose:** at least 4 weeks after 1st dose
- **3rd dose:** at least 4 weeks after 2nd dose
- **4th dose:** at least 6 months after 3rd dose and not before 12 months of age
- **5th dose:** on or after 4 years of age
Exceptions for DTaP

Students who received their 4\textsuperscript{th} dose of DTaP on or after their 4\textsuperscript{th} birthday are not required to receive a 5\textsuperscript{th} dose.
Polio Vaccine
Minimum ages and intervals between doses:

- **1\textsuperscript{st} dose:** on or after age 6 weeks
- **2\textsuperscript{nd} dose:** at least 4 weeks after 1\textsuperscript{st} dose
- **3\textsuperscript{rd} dose:** at least 4 weeks after 2\textsuperscript{nd} dose
- **4\textsuperscript{th} dose:** at least 4 weeks after 3\textsuperscript{rd} dose
Exceptions for Polio

For students who receive only OPV or IPV: if the 3rd dose was given on or after the 4th birthday, the 4th dose is not required.

For students that receive any combination of the OPV or IPV: 4 doses of Polio vaccine are required regardless of age when the series was initiated or completed.
Hepatitis B Vaccine
Minimum ages and intervals between doses:

- **1st dose:** may be given at birth
- **2nd dose:** at least 4 weeks after 1st dose
- **3rd dose:** at least 8 weeks after 2nd dose, and 4 months after 1st dose but not before age 6 months
Varicella Vaccine
Minimum ages and intervals between doses:

- **1st dose**: on or after 12 months of age
- **2nd dose**: at least 4 weeks after 1st dose (only required if 1st dose is given on or after age 13 years
MMR – Measles, Mumps, Rubella
Minimum ages and intervals between doses:

- **1st dose**: on or after 12 months of age
- **2nd dose**: at least 4 weeks after the 1st dose
2 doses of MMR given:

- 1\textsuperscript{st} dose invalid (given before 12 months of age)
- 2\textsuperscript{nd} dose becomes first valid dose
- Tom needs one more dose of MMR
Tom is missing polio dose number 4
He is also missing MMR dose number 2 because the 1st dose was given before the minimum age of 12 months.
EPI 12B Form - Section #1
Case Sample: Tom Immunize

Hawaii Department of Health

IMMUNIZATION ASSESSMENT REPORT FOR PUBLIC and PRIVATE SCHOOLS

Use this form to list all incompletely immunized students, grades K-12. Include students with exemptions to immunizations.

#1. School: Keiki School
Mailing Address: 1234 Hawaii Lane
City, Zip: Honolulu, HI 12345

Location Address: 1234 Hawaii Lane
City, Zip: Honolulu, HI 12345

Prepared By: Your Name
Title: Your Title
Phone: Your phone
Date: Today's date
Fax: Your Fax

Enrollment
Kindergarten: 51
Other grades (1 to 8): 125
Total enrollment: 126

Does this school have a pre-k program? Yes □ No □
If YES, please complete the Immunization Assessment Report for CHILD CARE CENTERS, PRESCHOOLS AND HEAD START Programs (EP12A).
Do not list pre-k students on this form.
EPI 12 B Form - Section #2 & #3
Case Sample: Tom Immunize

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>BIRTH DATE (mm/dd/yy)</th>
<th>ENTRY DATE (mm/dd/yy)</th>
<th>Immunization Requirements</th>
<th>Mark (X) in column of missing vaccine dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Immunize</td>
<td>7/1/98</td>
<td>9/1/03</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#2. All enrollees meet the immunization requirements: Yes [ ] No [ ] If No, please complete Section #3.
### EPI 12 Form - Exemptions: Medical and Religious

**Case Sample: Tom Immunize**

<table>
<thead>
<tr>
<th>#3. Name of Student</th>
<th>BIRTH DATE</th>
<th>ENTRY DATE</th>
<th>NO EXEMPT</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Immunize</td>
<td>7/1/98</td>
<td>9/1/03</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Immunization Requirements:**

- DTaP / DTP / DT / Td
- Polio
- Hepatitis B
- MMR
- Varicella

**Medical Exemptions:**

- Mark an (X) in the column of missing vaccine doses.

**Other Notes:**

- TB: X
- PE: X
A Sample of a Final Report - EPI 12B  
(Grades K-12)

Hawaii Department of Health  
IMMUNIZATION ASSESSMENT REPORT FOR PUBLIC and PRIVATE SCHOOLS

#1. School: Keiki School  
Mailing Address: 1234 Hawaii Lane, Honolulu, HI 99999  
Location Address: 1234 Hawaii Lane, Honolulu, HI 99999

Prepared By: [Your Name]  
Enrollment: Kindergarten: 51  
Other grades (1 to 8): 1266  
Total enrollment: 1266  
7th Grade enrollment only: 95

Do this school have a pre-k program? Yes [ ] No [ ]
If YES, please complete the Immunization Assessment Report for CHILD CARE CENTERS, PRESCHOOLS, AND HEAD START Programs (EPI12A).

#2. All enrollees meet the immunization requirements: Yes [ ] No [ ] If No, please complete Section #3.

#3. Name of Student  
List any students who are missing required immunizations and students who have an exemption to ANY immunization.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Entry Date</th>
<th>Grade</th>
<th>Religious</th>
<th>DTap / DTP / DT / Td</th>
<th>Polio</th>
<th>Hepatitis B</th>
<th>MMR</th>
<th>Varicella</th>
<th>PEP</th>
<th>TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom</td>
<td>7/11/98</td>
<td>7/11/03</td>
<td>K</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Peter Pan</td>
<td>7/12/99</td>
<td>7/26/03</td>
<td>K</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Alice</td>
<td>8/1/97</td>
<td>7/24/03</td>
<td>1</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>X</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Sarah</td>
<td>3/22/93</td>
<td>7/28/98</td>
<td>S</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS REPORT

Principal's / Director's Signature: ___________________
New EPI12A form:

Report enrollment separately for:
students <19 months of age and
students ≥19 months of age
Reporting Requirement

Immunization Assessment Report (EPI 12)
Reporting Requirements

• All schools must Submit Immunization Assessment Reports (EPI 12 reports) to the Department of Health by **October 10th** and **January 10th** including the names of all students:
  - Provisionally admitted
  - Excluded for failure to comply with immunization & examination requirements
  - Medical & Religious exemptions

• Report must include the missing immunizations and dose numbers
EPI 12A and EPI 12B Forms:

**EPI 12A:**
Preschool, Head Start and Child Care Centers

**EPI 12B:**
Grades K-12
# How to Order Forms

## EPI 6 Form (Request for Forms)

**REQUEST FOR FORMS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Material Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haw 15</td>
<td>Hawaii Administrative Rules, Chapter 157</td>
</tr>
<tr>
<td>Brochure</td>
<td>Important Notice to Parents - School Health Requirements (Available in English, Ilokano, Tagalog, Marshallese, Samoan &amp; Japanese, Chinese, Korean, Spanish, Tongan, Vietnamese)</td>
</tr>
<tr>
<td>EPI 06</td>
<td>Request for Forms</td>
</tr>
<tr>
<td>EPI 07</td>
<td>Request for Exemption from Immunization on Religious Grounds</td>
</tr>
<tr>
<td>EPI 10A</td>
<td>Notice of Incomplete Health Requirements (Available in English, Ilokano, Tagalog, Marshallese &amp; Samoan)</td>
</tr>
<tr>
<td>EPI 10B</td>
<td>Provisional Entrance Notice (Available in English, Ilokano, Tagalog, Marshallese &amp; Samoan)</td>
</tr>
<tr>
<td>EPI 10C</td>
<td>Notice of Incomplete Immunization Requirements For 7th Grade Attendance</td>
</tr>
<tr>
<td>EPI 10D</td>
<td>Notice of Exclusion (Available in English, Ilokano, Tagalog, Marshallese &amp; Samoan)</td>
</tr>
<tr>
<td>EPI 12A</td>
<td>Immunization Assessment Report for Child Care Centers, Preschools, and Head Start Programs</td>
</tr>
<tr>
<td>EPI 12B</td>
<td>Immunization Assessment Report for Public and Private Schools (K-12)</td>
</tr>
<tr>
<td>7th Grade Yellow Card</td>
<td>7th Grade Student Immunization Record</td>
</tr>
</tbody>
</table>

Order Form Revised 4/2007
EPI 06
Online Immunization Assessment Reporting System

• Access the website:
  https://immunization.doh.hawaii.gov/HIMedIC
  (Need to register first!)

• Access the User Manual:
  • Go to vaxhawaii.com
    1. Click on: School Health Requirements
    2. Click on: School Online Reporting System User Manual

• Call ATSS at (808)586-8313 for further assistance or technical support
Contact Information

• **Immunization Branch:**
  – ATSS: 586-8313
  – Neighbor Islands: 1-800-933-4832
  – ATSS Fax: (808) 586-7511
  – Web Site: www.vaxhawaii.com

• **Tuberculosis Control Branch:**
  – (808) 832-5731
  – TB Information Line (808) 832-5738
  – Web Site: www.hawaii.gov/health/tb
Thank You!