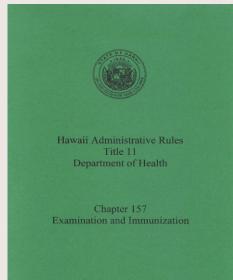
Immunization & Examination Requirements for School Entry



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 of 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



Required Immunizations - Preschool

- 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 <u>NOT</u> 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: <u>Medical</u> or <u>Religious</u>
- There are No exemptions to the TB clearance requirement
- Philosophical exemptions are <u>Not</u> 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:

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Screening Health Record: Case Sample (Form 14)

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Case Sample: Student Name & Birthdate

Name Immunize Tom (Last) (First) (Middle Birthdate 7 7 7 7 7 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	Intermediate/Middle: Entry Date High: Entry Date High: Entry Date Will enter Kindergar dergarten enrollment: 51 Grades I-8 en MEDICAL STATUS Hearing Problems Heart Disease Hemophilia FODE: N-NORMAL; A-ABNORMAL; C-CORRECT		ent Address Label Eiki School 34 Hawaii Lane ondulu, HI 12345 h Gr enrollment: 95
Name Immunize (Last) Birthdate 0 7 0 1 Month Day		(Middle Initial)	Female Nale
	/ / Iype Sale and / / / / / / / / / / / / / sician, APRN, PA or Clinic nature or stamp if different from above)		cella

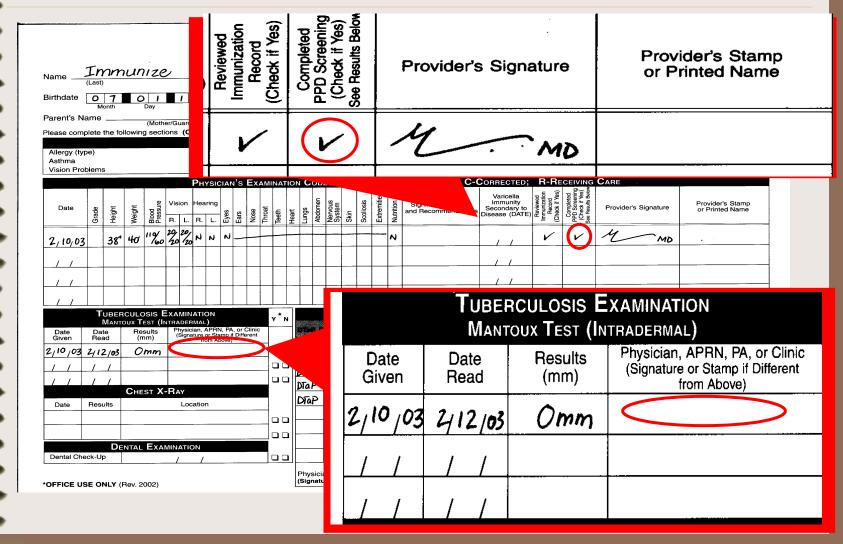
Case Sample: PE – date performed (within 12 months of school entry date)

Name	_ Immur	nize	,	To			DEN	oartm T'S	HE	f Edu ALTI e □	ı R	ECC	RD		Dat	1	/			Stud	lent Add	iress La	abel	
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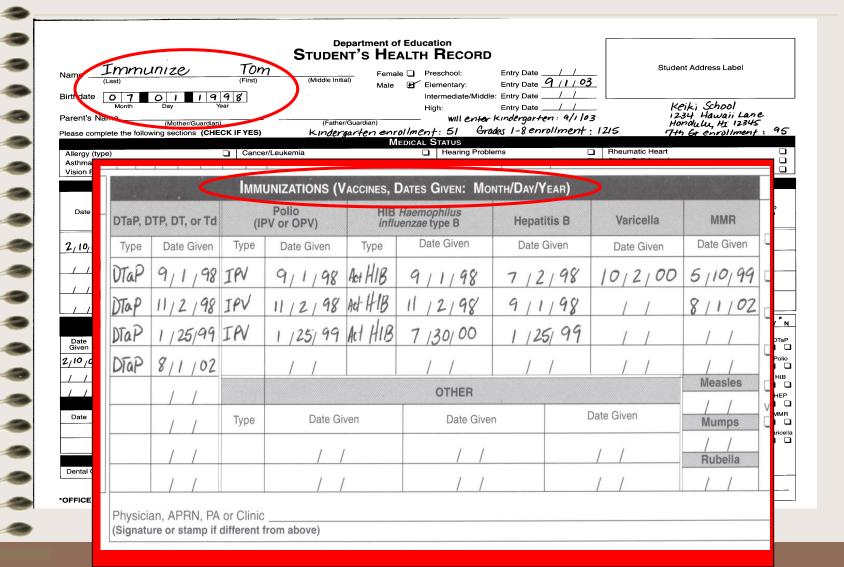
Case Sample: PE – Valid provider signature (with physician credentials)

Name(Last) Birthdate	(First) Year other/Guardian) actions (CHECK IF YES	(Middle Initial) Male Elementar Intermedia High: Will Father/Guardian Medical Status Cer/Leukemia Heart Intermedia Heart Hea	Entry Date/	Rheumatic Heart
Date eperly Higher Poss 2, 10, 03 38" 46" 11%			MAL; C-CORRECTED; R-RECEIVIM nt Findings Internations Application Secondary to Disease (DATE) Application Application	C CARE Provider's Signature Provider's Stamp or Printed Name MMD .
Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) See Results Belov	Provider's Signature	Provider's Star or Printed Nan	
Dental OFFICE	V	MO		

Case Sample: Valid TB certification (documented by physician)

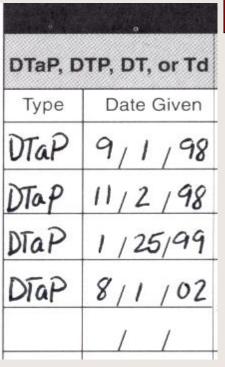


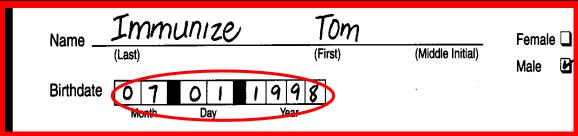
Case Sample: Screening Record – Immunizations



DTaP or DTP Vaccine

Minimum ages and intervals between doses:



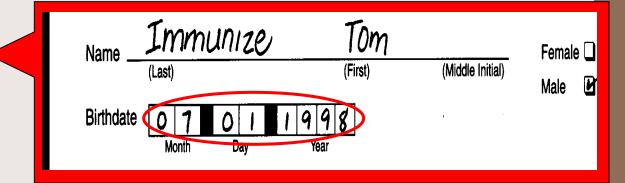


- 1st dose: on or after 6 weeks of age
- 2nd dose: at least 4 weeks after 1st dose
- 3rd dose: at least 4 weeks after 2nd dose
- 4th dose: at least 6 months after 3rd dose and not before 12 months of age
- 5th dose: on or after 4 years of age

Exceptions for DTaP

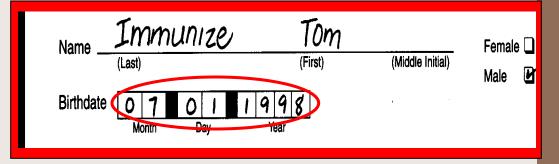
DTaP, D	TP, DT, or Td
Туре	Date Given
DTaP	9/1/98
DTap	11/2/98
DTaP	1/25/99
DTaP	8/1/02

Students who received their 4th dose of DTaP on or after their 4th birthday are not required to receive a 5th dose



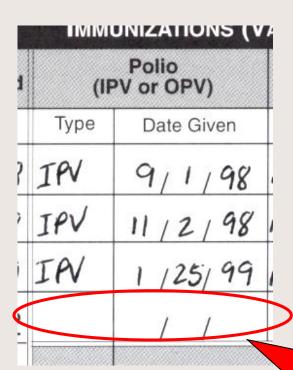
Polio Vaccine

1		Polio PV or OPV)
	Туре	Date Given
?	IPV	9/1/98
7	IPV	11/2/98
	IN	1 /25/99
		/ /
		1 1



- 1st dose: on or after age 6 weeks
- 2nd dose: at least 4 weeks after 1st dose
- 3rd dose: at least 4 weeks after 2rd dose
- 4th dose: at least 4 weeks after 3rd dose

Exceptions for Polio



For students who receive only OPV or IPV:

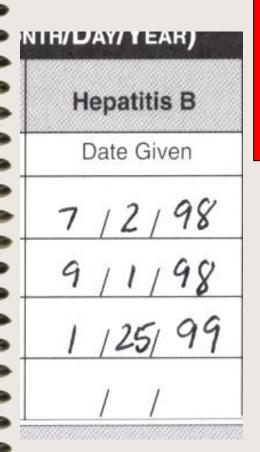
if the 3rd dose was given on or after the 4th birthday, the 4th dose is not required

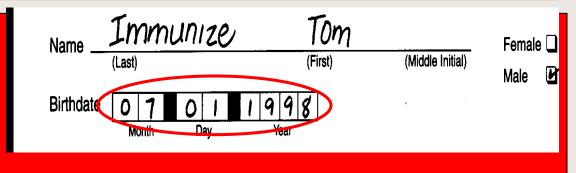
For students that receive any combination of the OPV or IPV:

4 doses of Polio vaccine are required regardless of age when the series was initiated or completed

Name _	Immunize	Tom		Female 🔲
114	(Last)	(First)	(Middle Initial)	Male 🛂
Birthdate	Montin Day	9 9 8 rear	•	

Hepatitis B Vaccine



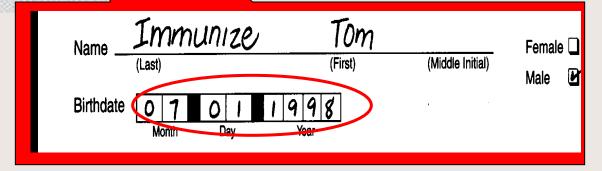


- 1st dose: may be given at birth
- 2nd dose: at least 4 weeks after 1st dose
- 3rd dose: at least 8 weeks after 2nd dose, and 4 months after 1st dose but not before age 6 months

Varicella Vaccine

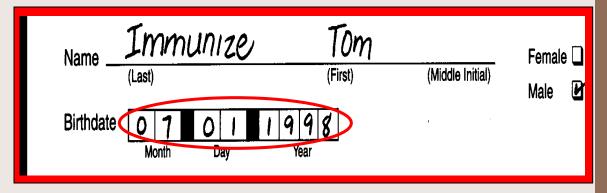


- 1st dose: on or after 12 months of age
- 2nd dose: at least 4 weeks after 1st dose (only required if 1st dose is given on or after age 13 years



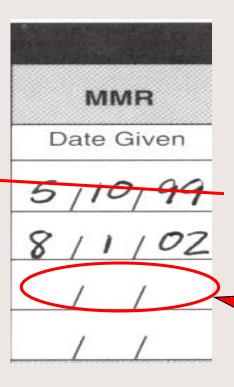
MMR – Measles, Mumps, Rubella





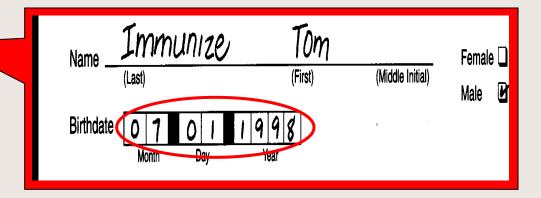
- 1st dose: on or after 12 months of age
- 2nd dose: at least 4 weeks after the 1st dose

MMR (Case Sample - Tom Immunize)

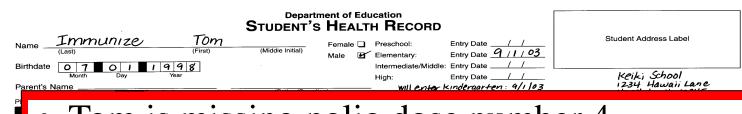


• 2 doses of MMR given:

- ✓ 1st dose invalid (given before 12 months of age)
- ✓2nd dose becomes first valid dose
- ✓ Tom needs one more dose of MMR



Case Sample: Screening Results Tom Immunize - Form 14



- 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.

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/ /				00	DIAP	11/2	198	IPV	11/2/98	ad HIB	11/2/98	9/1/98	1 1	8/1/02	нів
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]		1		Type	Date Giv	ven	Date Give	n T	Date Given	/ /	Varicella
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*OFFICE U	SE ONLY (Rev. 2002)						or Clinic	from above)						

EPI 12B Form - Section #1 Case Sample: Tom Immunize

Bernitemer	Hawai'i Department of He ON ASSESSMENT REPORT FOR PL letely immunized students, grades K-12. Prepared By:	UBLIC and PRIVATE SCHOOLS Include students with exemptions to immunizations.	Report #1 due October 10 Report #2 due January 10 chool have a pre-k program? Yes No
Mailing Address City, Zip: School: Kelki School	Title: Phone: Date: Fax:	Kindergarten: If YES, plea Other grades (to): Report for 0 Total enrollment: AND HEAD	ise complete the Immunization Assessment CHILD CARE CENTERS, PRESCHOOLS START Programs (EPI12A). pre-k students on this form.
cation Address: City, Zip: 1234 Haweii Laine Hindula, Hi 12345 cation Address: City, Zip: 1234 Haweii Laine Hamalulu, Hi 12345	Record Addicated Temporal Mark and Particular Addicated Temporal Mark Addicate	nent (Does this school have a pre-k program? Yes
Prepared By: Your han Title: Phone: Your Title Your ph		rades (1 to 8): 1215 F Total enrollment: 1246 , de enrollment only: 95 r	If YES, please complete the Immunization As Report for CHILD CARE CENTERS, PRESC AND HEAD START Programs (EPI12A).

EPI 12 B Form - Section #2 & #3 Case Sample: Tom Immunize



Hawai'i Department of Health

Report #1 due October 10 Report #2 due January 10

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.

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

#3. Name of Student	BIRTH	G R	ENTRY	NO	EXE	ИРТ			Mai	rk an (X) in	colum	n of m	issing v	/acc	cine dos	se(s)							
List only students who are missing required immunizations	DATE	A D	DATE	Immunization	Religious	Medical	DT	aP/D	TP/	DT/T	ď	F	POLIO		HE	EPATIT	IS B	MM	?	Varice	ella	PE	ТВ	 Notes
and students who have an exemption to ANY immunization	(mm/dd/yy)	Е	(mm/dd/yy)	Record			1	2	3	4	5	1	2 3	4	1	2	3	1	2	1	2			
Tom Immunize	7/1/98	K	9/1/03											X					X					
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EPI 12 Form -Exemptions: Medical and Religious Case Sample: Tom Immunize



Hawai'i Department of Health

Report #1 due October 10 Report #2 due January 10

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.

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#3. Name of Student	BIRTH	G R	ENTRY	NO	EXE	MPT			Mar	rk an (X) in o	colum	n of m	issing	vaccir	ne dos	e(s)							
List only students who are missing required immunizations	DATE	A D	DATE	Immunization	Religious	Medical	01	TaP/I	DTP/	DT/	ſd	ļ	POLIO		HE	PATIT	IS B	MMF	1	/aricell	a P	E TB	 Notes	
and students who have an exemption to ANY immunization.	(mm/dd/yy)	E	(mm/dd/yy)	Record			1	2	3	4	5	1	2 3	4	1	2	3	1	2	1	2			
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A Sample of a Final Report - EPI 12B

(Grades K-12)



EPI 12B 12/06

Hawai'i Department of Health

Report #1 due October 10 Report #2 due January 10

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	4				Prep	ared	Ву:	Ym	er 1	Van	ne	Eni	rollr	nen	t						Doe	s th	is sch	nool h	ave a pre-k program? Yes 🗆 No 🕅
Mailing Address:	City, Zip:				Title:	المعداد	u.	Pho	ne			Kin	derg	artei	n:				5	1	100 - Su				nplete the Immunization Assessment
Malling Address: 1234 Hawaii Lane	Hom	oln	lu, H2	99999	Year	1719	re	y	mer	ph	me	Oth	er gi									ort f	or Ch	HLD (CARE CENTERS, PRESCHOOLS
Location Address: 1234 Hawrii Lake	City, Zip:				Date:			Fax						To	otal e	enrol	lmer	nt:	121	6	ANI) HE	AD S	STAR	T Programs (EPI12A).
1234 Hawnii Lake	Hm	øln	la, HII;	7977	Subs	Date	e	y.	ner	6-4	X	7 th	Gra	de e	enrol	lmer	t on	ly:	93		Do	not	list p	re-k s	students on this form.
#2. All enrollees meet the immunization	on require	mer	nts: Ye	es [No		No	ple	ase	cor	nple	ete :	Sect	ion	#3.										
#3. Name of Student	BIRTH	G	ENTRY	NO	EXE	ирт			Mar	k an i	X) in	colun	nn of i	nissir	ng va	cine	dose(s)							
List only students who are missing required immunizations	DATE	A D	DATE	Immunishbor	Religious	Medical	DT	aP/I	OTP/	DT/	Td		POL	10		HER	ATIT	IS B	MM	R	Vano	ella	PE	TB	Notes
and students who have an exemption to ANY immunication	(mm/dd/yy)	E	(mm/dd/yy)	Record		20	1	2	3	4	5	4	2	3	4	1	2	3	1	2	4	2			
Tom Immunize	7/01/98	K	9/1/03												X					X					
	11		11																						
Peter Pan	7/12/98	K	7/26/03					X	X	X							X	X							
	11	7	11																						
Alice Wonderland	8/19/97	1	7/25/03		X																				
	11		11																		И				
Sarah Lee	3/22/93	5	7/26/98			X															が		_		
	11		11																						
John Wilson	9/11/94	4	7/24/98	X																					
	11		11																						
	FF		11																						
	11		11				- 5																		

PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS REPORT

Principal's / Director's Signature:

A Sample of a Final Report - EPI 12A

(Preschool, Head Start and Child Care Centers)

HAWAII STATE DEPARTMENT OF HEALTH #1. Facility: Rainbow State Mailing Address: 97 Welcome St		S, PRESCHOOLS AND HEAD START PROGRAMS en with exemptions to immunizations Prepared By: Vear Name Total Facilities 68
Location Address: 97 Welcome St	treet City, Zip: Honolula, H1 98888	Title: Your title Phone: Your Phone Students < 19 mos: 0 Date: Somit Pate Fax: Your Fax Students ≥ 19 mos: 68
#2. All enrollees meet the immunization	on requirements: Yes No If No, please complete	Section #3.
#3. Name of Child List only children who are missing required immunizations and children who have an exemption to ANY immunization. Tommy Roma Linda Crates	BIRTH A ENTRY NO EXEMPT Mark an (X) in column	1 dose on or
Ruby Tuesday	New EPI12A fori	m:
	Report enrolln	nent <u>separately</u> for:
50	students <19 n	nonths of age and
	students ≥19 n	nonths of age
EPI 12A 12/06		Director a digitatore.

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:

																		Report due day
HAWAII STATE DEPARTMENT					awai'i De											Report #1 due October 10 Report #2 due January 10		The post of the same
OF HEALTH IMM		ASSESSM form to list al												RT P	ROG	RAMS		
#1. Facility:	WIL								repare	ed By:						Total Enrollment:	4	EPI 12A:
Mailing Address:			City, Zip:						Title:			Pho				Students < 19 mos:		
Location Address:			City, Zip:						Date:		_	Fax		=	_	Students ≥ 19 mos:		
#2. All enrollees meet the immunizate	tion require	ments:	res 🗌 1	lo 🗌	If No, p	lease	comp	lete Se	ection	73.								Preschool, He
#3. Name of Child	BIRTH	A ENTRY	M 100 C	EXEMP		Mark / DTP / I	an (X) in	POLIO	of missing	vaccine o	dose(s)	Lac	R Varicella	DE	TO	Notes		rieschool, ne
List only children who are missing required immunizations and children who have an exemption to ANY immunization	Immidd/vv)	E (mm/dd/v	/) Record	Inligious Me	tosi DiaP	2 3	4 1	2	3 ster 1"	nor 1	2 3	MIMI	1 vancen	8 PE	10	Notes		, , , ,
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	111	11																Start and Chir
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	11	11			-									+				Care Centers
	11	11																TATE LEMEN
ATGIN		MUNIZATIO	ON ASSES	SMENT nized str	idents, gi	T FOF	R PUB	LIC an	udents				munizat	lons.		Report #1 due October 10 Report #2 due January 10		
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DEPARTMENT US	e this form to		ON ASSES	SMENT nized str epared	REPOR	T FOF	R PUB	Enroll Kinder	ment garten: grades (to	emption); nent;		Does I If YES Repor	this so i, plea: t for C HEAD	se con CHILD (Report #2 due January 10 ave a pre-k program? Yes No Caplete the Immunization Assessment CARE CENTERS, PRESCHOOLS I Programs (EPI12A).		
DEPARTMENT US F1. School: Aailing Address: ocation Address:	e this form to City, Zip: City, Zip:	list all <i>incomp</i>	DN ASSES eletely immu	SMENT nized str epared le:	REPOR idents, gi By:	T FOF	7 PUB	Enroll Kinder Other	ment garten: grades (Tota	to	emption); nent;		Does I If YES Repor	this so i, plea: t for C HEAD	se con CHILD (Report #2 due <u>January 10</u> ave a pre-k program? Yes \(\subsection \) No \(\text{Description} \) splete the Immunization Assessment CARE CENTERS, PRESCHOOLS		
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How to Order Forms

EPI 6 Form (Request for Forms)

REQUEST FOR FORMS



Section/School		State of Hawaii Department of Health
Contact Name		Immunization Branch P. O. Box 3378
hone	Island	Honolulu, HI 96801 Attn.: Assessment and Technical Support Section
Date Requested	Pick-up Date	Tel: 586-8313 Fax: 586-7511

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

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

