

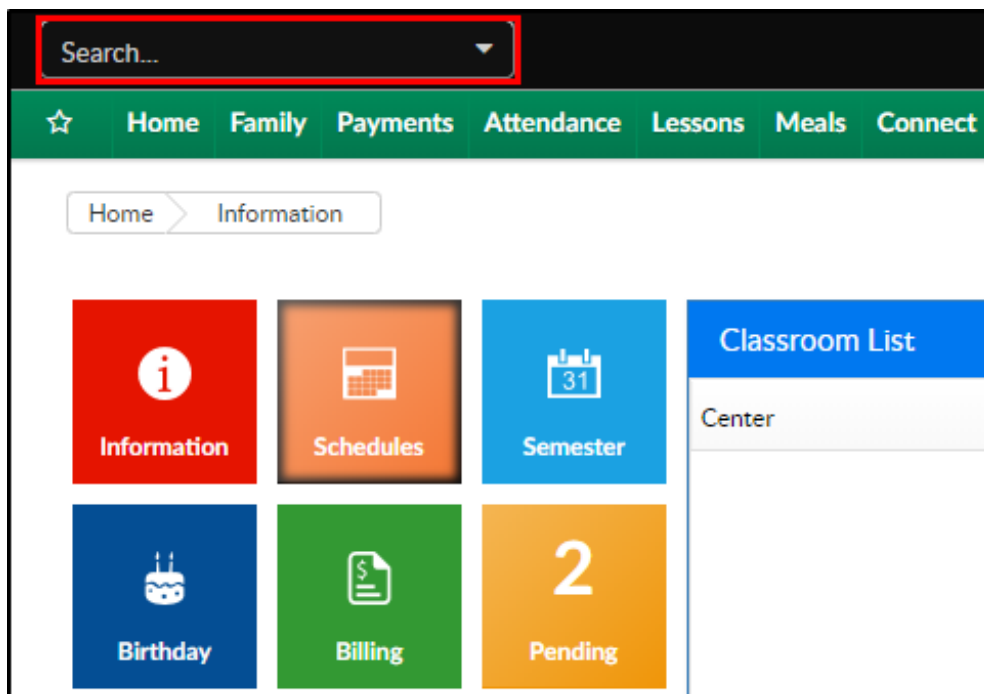
Family Record, Child Tab- More, Health

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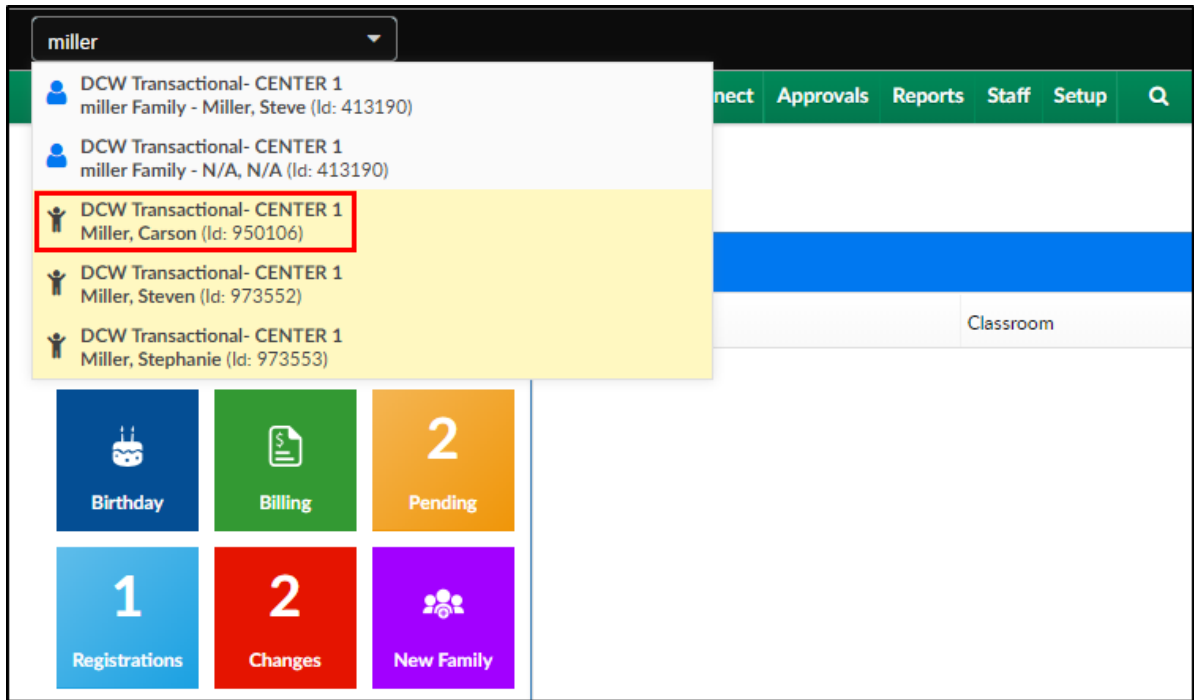
The Health screen displays detailed information on student allergies, immunizations, and other general health information.

View/Edit Student Health Information

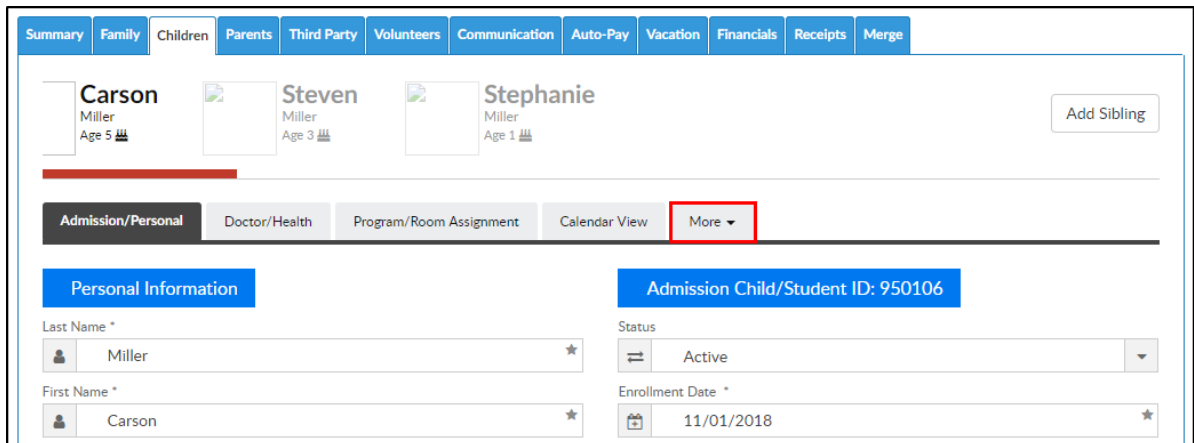
1. Search for the student by typing their last name in the Search.... field in the top left corner



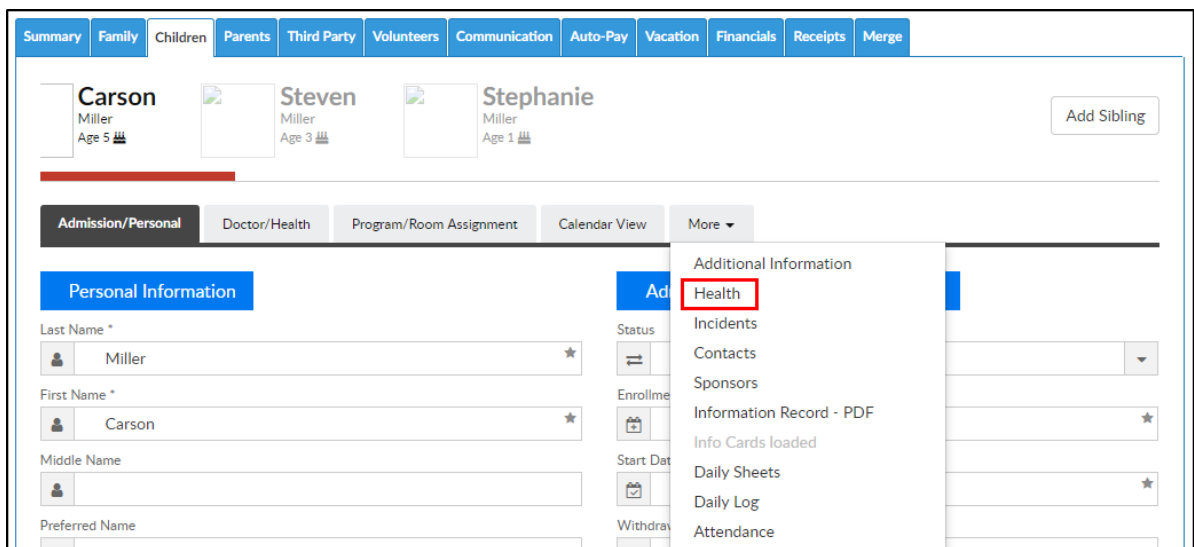
2. Select the student from the drop-down options to be directed to their student record



3. Click the More tab



4. Select Health



5. The health screen is broken down into 5 sections: Health Information,

Allergies, Other Health Issues, Health Review, and Immunization Details.

Below are the available fields under each section

- Health Information

- Date of Measles - date of last measles immunization
- Date of Mumps - date of last mumps immunization
- Date of Chicken Pox - date of last chicken pox immunization
- Date of Last Physical - enter the date of the student's last physical
- Date of Tuberculosis - date of last TB test
- Tuberculosis Status - result of the student's TB test
 - Negative
 - Positive
- Frequent Colds
 - Yes - the student does have frequent colds
 - No - the student does not have frequent colds
- # of Colds Last Year - enter the number of colds the student had last year
- Immunization Waiver
 - Yes - the student is except from immunizations
 - No - the student is not exempt from immunizations
- Exemption Reason - this field's options are based on [Valid Values](#) added for "Exempt Immunization Type"
- Waiver for Religious Reason
 - Yes - the student is exempt from immunizations for religious reasons
 - No - the student is not exempt from immunizations for religious reasons
- Waiver for Personal Conviction
 - Yes - the student is exempt from immunizations for personal reasons

- No - the student is not exempt from immunizations for personal reasons
- Allergies - select Yes/No next to each of the below fields for the student allergies. When selecting Yes, a Details box will appear to add in extra details as it related to the allergy
 - Special Food Needs
 - Food/Milk Allergies
 - Medication Allergies
 - Environmental Allergies
 - Other Allergies
- Other Health Issues
 - Administer EpiPen? - Yes/No, when selecting Yes, a details field will display
 - Does your child have asthma and use an inhaler? - Yes/No, when selecting Yes, a details field will display along with a Has Inhaler indicator field
 - Has motor issues? - Yes/No, when selecting Yes, a details field will display
 - Has diabetes? - Yes/No, when selecting Yes, a details field will display
 - Gets seizures? - Yes/No, when selecting Yes, a details field will display, along with a Last Seizure Date field
 - Cognitive disabilities? - Yes/No, when selecting Yes, a details field will display
 - Have Autism Spectrum? - Yes/No, when selecting Yes, a details field will display
 - Behavior Issues? - Yes/No, when selecting Yes, a details field will display
 - Other conditions? - Yes/No, when selecting Yes, a details field will display

- Special problems? - Yes/No, when selecting Yes, a details field will display
- Medications? - Yes/No, when selecting Yes, a details field will display
- Other Medications? - Yes/No, when selecting Yes, a details field will display
- Received additional support? - Yes/No, when selecting Yes, a details field will display
- Participation without restrictions? - Yes/No, when selecting No, a details field will display
- Have ADD/ADHD? - Yes/No, when selecting Yes, a details field will display
- Had Chickenpox? - select Yes if the student has had the Chicken Pox, or no if they have not
- Bottle Feed? - select Yes if the student is bottle fed, or no if they are not bottle fed
- Glasses/Contacts? - select Yes/No depending if the student has glasses or contacts
- Has Communicable Diseases - Yes/No, when selecting Yes, a details field will display
- Are immunizations up to date? - select Yes if the student is up to date on their immunizations, or no if they are not up to date
- Call Parents? - enter details on when to call the parents
- Medication Side Effects Info - if the student has side effects from medication(s), enter the details here
- Trigger that may cause problems? - enter any triggers that might cause issues for the student
- When to Reassess:
- Symptoms? - enter any current symptoms the student has

- Other Vaccines - enter any additional vaccines the student has been given
 - Additional Care - if the student requires additional care, enter the details here
 - Need Accommodations? - Yes/No, when selecting Yes, a details field will display
 - Identify any program staff to whom specialized training/instructions to help treat symptoms were provided - if the student has symptoms or requires specialized training for something, enter the names of staff member who received the training/instructions
- Health Review
 - Initial Parent Contact Date
 - Health concern being addressed
 - Summary of conversation with parent
 - Medications Needed at Site
 - Enrollment Recommendation
 - Immunization Details - enter the immunizations dates in the chart

Immunization Details								
IMMUNIZATION	1	2	3	4	5	6	7	8
DtaP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DTP / DTap / DT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Influenza	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotavirus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Varicella	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO IPV or OP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MUMPS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RUBELLA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hib	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Click Save when adding/editing fields on this screen