HEALTH IMMUNIZATIONS AND SCREENINGS

22-23

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Unit 1 - Health Practices and Procedures & Scanning Documents

JCPS Health Practices and Procedures

Schools shall follow Board policy and approved process related to health requirements.

Permanent Records

- Health records (immunizations, physicals, dental, vision) are required to be scanned and uploaded into the student's Infinite Campus **Health Documents tab**. (Student Information > Health > General > Documents) Scan the document into Infinite Campus, then place the paper copy in the student's cumulative folder. Note: Immunization records must frequently be reviewed and it will save time for school staff if these records are scanned into Infinite Campus.
- If not already in the cumulative record folder, all health records must be printed and placed in the cumulative record folder before sending to Central Office when a student leaves JCPS.

Data Entry Maintenance and Reports

- Health data including immunizations, physicals, vision and dental exams, screenings (vision and hearing), health/medical conditions, and alerts (Health Condition Alert) are overseen by Health Services and maintained/entered in conjunction with designated district and school staff.
- This process includes Early Childhood through Grade 12.

Health Conditions Entered by District Office

1. If a health condition is noted on the new health consent, the presence of a Health Condition Alert icon should be verified in Infinite Campus. If this is not present, the school nurse or nurse practitioner should be notified regarding the condition
2. If a student is identified with health/medical condition(s) as noted on the student enrollment form or if reported by a parent, the appropriate school health plan (SHP) should be given to the parent/guardian for completion. This includes signature from a health care provider.
3. Once forms are received they should be looked over to make sure they are complete (signed by both the parent/guardian and the Healthcare Provider). A completed SHP needs to be sent to Health Services so that the condition can be entered into Infinite Campus.
4. **School staff should never add a health condition alert or medical flags.** Call Health Services with any questions at 485-3387.

Example: *If a student has asthma, the student would have an alert to indicate he/she has a health condition and may need assistance.*

Important: By law, all schools must have staff trained each school year before administering any medication or health service to a student. Training will be provided by Nurse Practitioners or Registered Nurses as approved by District Health Offices.

How to Run Health Condition Alert Report

To get an accurate list of students in your building with health conditions run this report weekly. The Health Condition Alerts will be added by Health Services as information is received. See the steps below for how to run this report.

1. Navigate to Index > Health > Reports > Health Condition Alert.
2. Under Health Condition Groups - select all.
3. Under Condition Alerts- select all.
4. Flagged Conditions Active Between: This is the date before and the current date you are running the report. For example 8/11/17 thru 8/12/18.

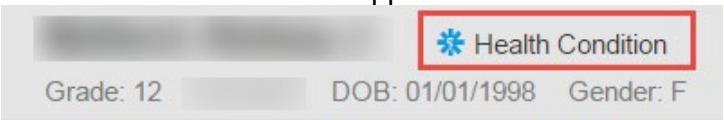
***By selecting the calendar date before the day you run the report, the conditions will be active on that day for the current students and the inactive students will no longer show up on the report.*
(You might have to choose 7-1-2017 thru 6-1-2018 for the first report of the school year).

5. Display Options: Include Detail should already be checked.
6. Group by:
    a. Calendar: includes whole school.
    b. Grade: Select one grade or use your ctrl key to select multiple.
    c. Section: Choose all that apply per teacher by holding the ctrl key to select multiple.
7. Click Generate Report.

A Health Condition Alert is defined by any of the following (NOT an inclusive list):

- ✔ Student has a seizure disorder
- ✔ Student has asthma
- ✔ Student has diabetes
- ✔ Student has life-threatening allergies

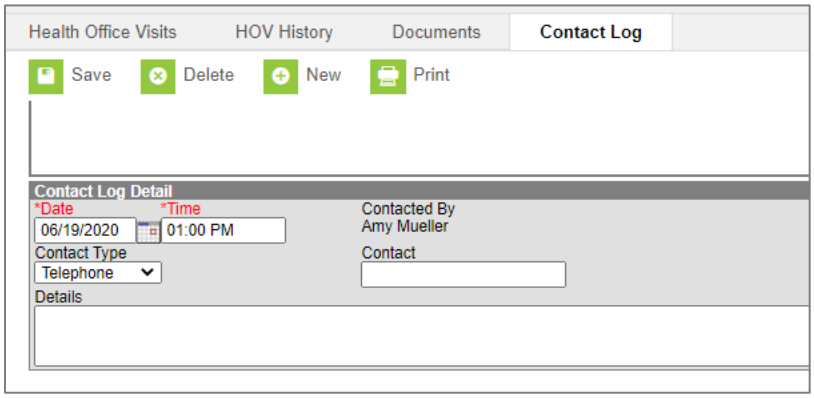
The Health Condition Alert appears next to the student's name in the Student Information tab.



Health Contact Log

The health contact log should be used anytime there is contact from school personnel regarding a specific student. This includes, but is not limited to contact with parent/guardian, health care providers, or other school staff. If contact is attempted, but there is no answer, that should also be documented in the Contact Log. This can include communication via letters or email, phone calls, and face-to-face meetings.

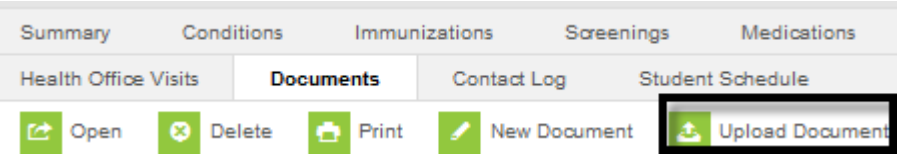
1. Select the **student**.
2. Navigate to **Student Information** > **Health** > **General** > **Contact Log**.
3. Click **New**.



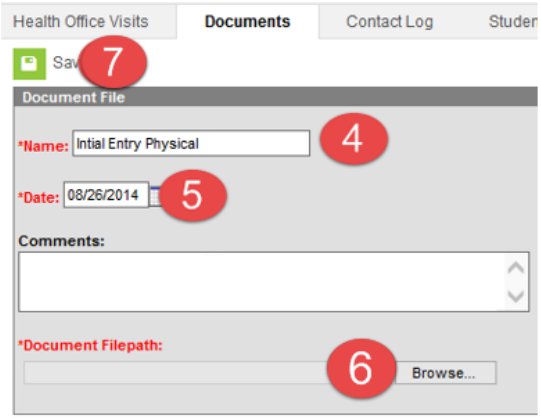
4. Contact **Date** and **Time** default to current date and time. Change as necessary.
5. Choose the appropriate **Contact Type** and enter who was contacted in the **Contact** field.
6. Enter additional information regarding the contact and what it is in regards to in the **Details** area and click **Save**.

Uploading document to Infinite Campus

1. Select the **student** and navigate to **Student Information > Health > General > Documents**.
2. Click **Upload Document**.



3. *Name:* Enter **Name** of the document using the following descriptions. Include the date the certificate was issued in the Name field when uploading immunizations.
   (Please do not deviate from these file names)
   a. Initial Entry Physical
   b. 6th Grade Physical
   c. Immunization Certificate MM/DD/YYYY
   d. Initial Vision Exam
   e. Initial Dental
   f. Birth Cert
   g. Med Admin (Medication Administration Records)
   h. HS Logs (Health Services Logs)
   i. Med Auth (Medication Authorization Forms)
   j. Non-Consent Form (Vision/Hearing/Physical)
4. *Date:* The **Date** populates with the date the medical document is uploaded.



Important: If uploading documents for the next school year before July 1st, populate the date with July 1 of the upcoming school year so the document matches the correct school year in Infinite Campus.

5. *Document Filepath:*
   a. Click **Browse**.
   b. Navigate to the desktop and click on the file.
   c. Once the document is selected, it shows in the **Document Filepath** area.
6. Click **Save**.

***VERY IMPORTANT:**

- If there is an older document already scanned, please DO NOT delete that document.

Unit 2 – Immunizations

Immunization Tab

The **Immunizations tab** (navigate to **Index > Student Information > Health > General > Immunizations tab**) displays student immunizations. The Immunization Summary section shows whether the student's immunizations are compliant, non-compliant, or no requirement (not applicable for that age) based on rules loaded in Infinite Campus. (If there is a Medical or Religious exemption, it also displays here.) Any immunizations recorded but not required are listed as **No Requirement.**

Important! When an immunization certificate is turned in be sure that ALL SHOTS are entered in Infinite Campus, even if they are not required at that time.

Exemptions

If students have an exemption certificate, please select **Medical** or **Religious** for the certificate type. Select the exemption type from the **Waiver** drop-down for each required shot and enter the certificate date. If the student has a medical exemption also enter the expiration date ("expires") for each shot.

Example:

Immunization Summary	
Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)	Exempt - Religious
Polio [IPV, OPV] (code:Polio)	Exempt - Religious
Measles-Mumps Rubella [MMR] (code:MMR)	Exempt - Religious
Hepatitis B [Hep B] (code:HepB)	Exempt - Religious
Haemophilus influenza, type B [Hib] (code:Hib)	Exempt - Religious
Pneumococcal (code:PPV)	Exempt - Religious
Varicella (code:Varicella)	Exempt - Religious
Tetanus, Diphtheria and Acellular Pertussis [Tdap] (code:Tdap)	No Requirement
Meningococcal (code:MCV4)	No Requirement

Important: Waivers should only be recorded under the individual shot for which the student is exempt. If a shot is not applicable to a student (such as due to age), or the student is **NOT** exempt from receiving it, do not mark a waiver.

Example with Compliant, Non-Compliant, and No Requirement Status:

Immunization Summary	
Diphtheria-tetanus-pertussis, combined [DTaP, DTP]	Non-compliant
Polio [IPV, OPV]	Compliant
Measles-Mumps Rubella [MMR]	Compliant
Hepatitis B [Hep B]	Compliant
Hemophilus influenza, type B [Hib]	No Requirement
Varicella	Compliant

Example with Exemptions:

Immunization Summary	
Diphtheria-tetanus-pertussis, combined [DTaP, DTP]	Exempt - Religious
Polio [IPV, OPV]	Exempt - Religious
Measles-Mumps Rubella [MMR]	Exempt - Religious
Hepatitis B [Hep B]	Compliant
Hemophilus influenza, type B [Hib]	Compliant
Varicella	Compliant

Medication/Religious of Certificate

(Part of immunization certificate)

Rotavirus	___/___/___	___/___/___	___/___/___
HPV	___/___/___	___/___/___	___/___/___
Men B	___/___/___	___/___/___	___/___/___
Pneumococcal (PPSV23)	___/___/___	___/___/___	

[1]Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. [2]DTaP, DTP ... re.

Medical Exemption portion of Certificate

☐ This child is current for immunizations until ___/___/___, (14 days after the next shot is due) ... alid, and a new certificate must be obtained.

☐ This child is not up-to-date at this time. This certificate is valid until ___/___/___ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

☐ **Provisional Status** - Child is behind on required immunizations.

☐ **Medical Exemption** - The following immunizations are not medically indicated: _____

_____

If Medical Exemption, can these vaccines be administered at a later date? No: _____ Yes: _____ Date: ___/___/___

☐ **Religious Objection**

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

_____ _____

(Signature of physician, APRN, PA, pharmacist, LHD administrator, RN or LPN designee) (Date)

Religious Certificate:

Commonwealth of Kentucky

Parent or Guardian's Declination on Religious Grounds to Required Immunizations

The Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health (KDPH) recognize immunization as one of the most effective tools in preventing disease and reducing the risks associated with exposure to certain diseases. KRS 214.036 requires parents who object to immunization of their child to provide a written sworn statement objecting to immunization of the child on religious grounds.

Place an "X" in a box or boxes to the left of each disease, listed below, for which you object to your child receiving the immunization. Initial and date the box on the right.

☐	**Hepatitis B:** According to the CDC and KDPH, serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, or death.	Initials_____ Date _____
☐	**Diphtheria (DTaP, DT, Tdap, Td):** According to the CDC and KDPH, serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, or death.	Initials_____ Date _____
☐	**Tetanus (DTaP, DT, Tdap, Td):** According to the CDC and KDPH, serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, or death.	Initials_____ Date _____
☐	**Pertussis (Whooping Cough) (DTaP, Tdap):** According to the CDC and KDPH, serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, or death.	Initials_____ Date _____
☐	***Haemophilus influenzae* type b (Hib):** According to the CDC and KDPH, serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, or death.	Initials_____ Date _____
☐	**Pneumococcal:** According to the CDC and KDPH, serious symptoms and effects of this disease include: chest pain with rapid breathing or difficulty breathing, a high fever, shaking, chills, excessive sweating, fatigue, confusion, and a cough with phlegm that persists or worsens, pneumonia, brain damage, or death.	Initials_____ Date _____
☐	**Polio:** According to the CDC and KDPH, serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, or death.	Initials_____ Date _____
☐	**Measles, Mumps, Rubella (MMR):** According to the CDC and KDPH, serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, or death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, or death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, or learning disability.	Initials_____ Date _____
☐	**Varicella (Chickenpox):** According to the CDC and KDPH, serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, or death.	Initials_____ Date _____
☐	**Hepatitis A:** According to the CDC and KDPH, serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, or death.	Initials_____ Date _____
☐	**Meningococcal:** According to the CDC and KDPH, serious symptoms and effects of this disease include: severe headache, stiff neck, confusion, seizures (jerking and staring), high fever, nausea and vomiting, sensitivity of eyes to light, hearing loss, pneumonia, brain damage, or death.	Initials_____ Date _____

Due to my religious beliefs, I object to my child receiving the required immunizations selected above. I am aware that if I change my mind, I can rescind this objection and obtain immunizations for my child. Initials _____

- *Additional information about vaccine preventable diseases, immunizations and reduced or no cost immunization services is available from the local health department in each county.*
- *In the event that the county health department or state health department declares an outbreak of a vaccine-preventable disease for which proof of immunity for a child cannot be provided, he or she may not be allowed to attend childcare or school for up to three (3) weeks, or until the risk period ends.*

Child's Name _____
Last First Middle

Child's Date of Birth _____
MM/DD/YYYY

Parent Signature _____

Date _____
MM/DD/YYYY

To be completed by Notary Public

STATE OF)
COUNTY OF)

Subscribed, sworn to or affirmed under oath and acknowledged before me, a Notary Public in and for the state and county aforesaid by _____, on this the _____ day of _____, 20_____.

_____
Notary Public, State at Large

My Commission Expires:_____

Notary Signature is required.

Kentucky UNBRIDLED SPIRIT

EPID-230A (REVISED 6/2017)

Important! Please enter all shots listed on the immunization certificate regardless of Infinite Campus requirements.

Summary	Description
Compliant	• Student received the correct number of shots within the appropriate timeline. • There is appropriate spacing between shots for the student's age or grade.
Non-Compliant	• Student is missing some shots necessary for the immunization (and/or), • There is not appropriate spacing between shots (and/or), • Student was not old enough at the time of the shot. • Information is missing from the student's certificate or the date the certificate was issued, expiration date or type of certificate has not been entered.
No Requirement	There is no requirement in Infinite Campus to track this shot because the student is no longer required to have it because of his/her age. For example, after age 5, the Hib is no longer required **but the shot data must be entered.**
Exempt	• The student has turned in a Medical or Religious Exemption Certificate. (There was a new form for the 18/19 school year; be sure you are using the correct form.) • Both of these waivers need to be on the appropriate Kentucky Medical or Religious Exemption Certificate.

Immunization Certificate

- This section shows the **Date** the immunization certificate was issued.
- It also shows the **Expiration** date and **Type** (Standard, Provisional, Medical, or Religious) of the certificate.
- Enter the date of certificate issuance (per state standard).
- Out-of-state immunization certificates may be accepted if there is a current expiration date and shots show as compliant. If it doesn't have a current expiration date please send it to your school NP.
- All of these fields MUST be completed or it won't count the student as having an immunization certificate on file.

Date: 06-22-2011
Time: 10:37:26

Jefferson County Public Schools
STUDENT SYSTEM
JCPS Immunization Survey

Calendar: Grade/group being reported: Kindergarten

Total number of children in the grade/group being reported: 67

Number of children with current or provisional immunization certificate: 50

Number of children with no (missing) immunization certificate: 17 << CLICK! for review

Number of children with medical exemption: 0

Number of children with religious exemption: 0

Number of children with the following age appropriate vaccines/combinations:

These numbers should match. Please see comment below for details.

Vaccine/Combination	Number of Children
4+ Doses of DTaP/DTP/DT	50
3+ Doses polio	50
1 Dose MMR + 1 Dose of Measles Containing Vaccine OR 2 Doses MMR	49
1 + Dose HIB	49
3 Doses Hepatitis B (or Alternate Adolescent 2 Dose Schedule)	49
1 Dose Varicella (or history of chickenpox disease)	50
Td Booster	0
4DTaP/DTP/DT, 3 Polio, 1 MMR Combination	50
4DTaP/DTP/DT, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B Combination	48

Recording Immunization Information

Any student shall have a current Kentucky immunization certificate (EPID-23, EPID-230A) on file within two weeks of the student's enrollment. According to KRS 214.036(3) there are only two exceptions a student may be excused from immunizations: Religious (EPID-230C) and Medical (EPID-230B).

Entering Immunizations

1. Select student and navigate to **Student Information** > **Health** > **General > Immunizations tab**.
2. *Date:* Enter the date the immunization certificate was issued.
3. *Expiration:* Enter the certificate expiration date. If no **expiration date** is entered, then student shows as "out of compliance" on state reports.
4. *Type:* The type field must be recorded and indicated on the certificate. If the certificate is not marked Provisional, Medical, or Religious, then it is a Standard Certificate. If no **Type** is selected, then the student shows as "out of compliance" on state reports.

Type	Description
Provisional	Issued when a student is in the middle of a series or sequence of required shots. Provisional certificates expire in 14 days.
Standard	This is a current immunization certificate. Most certificates are standard unless issued in the middle of a series or sequence of required shots, and then the certificate would be provisional.
Religious	Certificate of Religious Exemption - The parent must present to the school a religious exemption certificate on the required state form (EPID-230A).
Medical	Certificate of Medical Exemption - The parent must present to the school an Immunization Certificate that indicates the student is medically exempt.

5. Click the plus [+] next to the section where the **Shot** date is recorded. (Example is for DTaP, DTP.)
6. Enter the dates the **Shots** were received. (Dates can be in MM/DD/YYYY or MMDDYY format.)
7. If the certificate type is a Medical or Religious exemption, record the following:
   a. *Waiver (Exemption Certificate):* Select the appropriate shot and choose Medical or Religious from the waiver drop-down.
   b. *Date:* Enter the date on the certificate.
   c. *Expires:* For medical exemptions, enter the date the certificate expires. (Religious exemptions do not have an expiration date.)
8. Click **Save.** (Clicking **Save** will also open additional boxes to enter shots, if needed.)

Note: If a parent reports medical or religious exemptions, the student must have an official Kentucky Medical and/or Religious [EPID-230A] Certificate on file. The Medical Certificate has an expiration date. The Religious Certificate does not have an expiration date.

The Immunization Summary updates as immunization data is entered to indicate if the student is compliant/non-compliant.

Required Immunizations

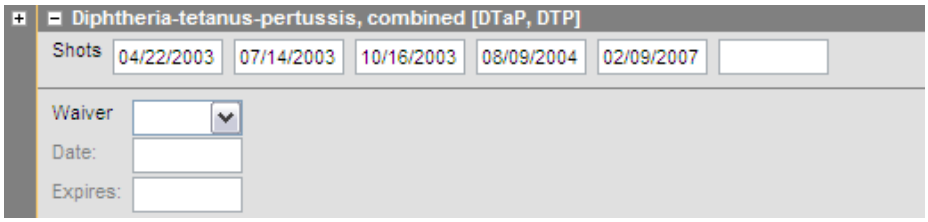
Important! All shots should be entered if provided even if not required (including HPV etc.)

Electronic certificates have been developed over the past few years per state regulations; however, some electronic certificates may have a different shot sequence. The chart below is one example.

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	/ /	/ /	/ /	/ /	
Alt. Adult Hepatitis B[1]	/ /	/ /			
DTaP/DTP/DT[2]	/ /	/ /	/ /	/ /	/ /
Hib[3]	/ /	/ /	/ /	/ /	
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	
Polio	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /			
Varicella	/ /	/ /	Had Chickenpox or Zoster Disease Yes No		/ /
Hepatitis A	/ /	/ /			
Meningococcal	/ /	/ /			
Td	/ /	/ /			
Tdap	/ /	/ /			
Rotavirus	/ /	/ /	/ /		
HPV	/ /	/ /	/ /		
Men B	/ /	/ /	/ /		
Pneumococcal (PPSV23)	/ /	/ /			

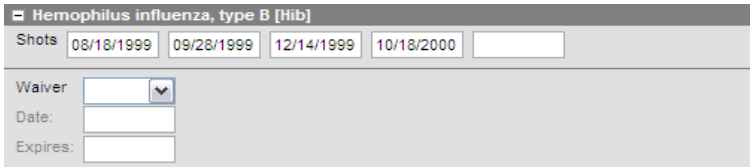
DTP:

- **DTP** (Diphtheria, Tetanus, and Pertussis vaccine)
- **DTaP** (Diphtheria, Tetanus, and acellular Pertussis vaccine)



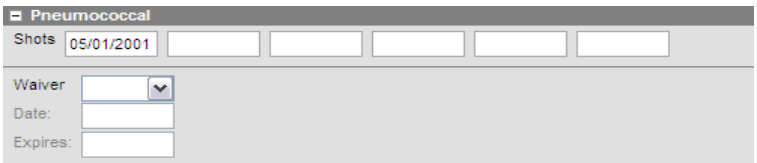
Hib (Haemophilus influenzae type b conjugate vaccine)

Note: Even though Hib is no longer required after the age of five, the vaccines must be documented to demonstrate compliance with state immunization law.



PCV (Pneumococcal Conjugate Vaccine)

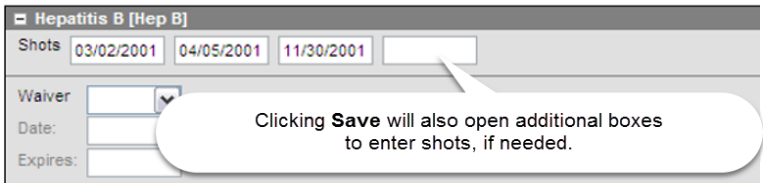
Note: Even though PCV is no longer required after the age of five, JCPS still requires entry of PCV into Infinite Campus for reporting to the Metro Health Department annually. The vaccines must be documented to demonstrate compliance with state immunization law.



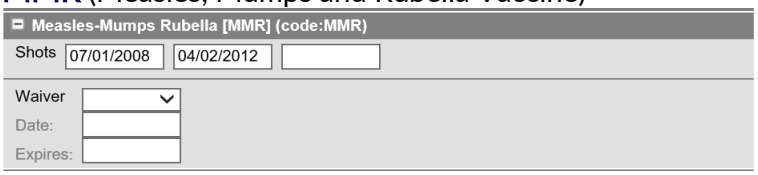
Polio

Sometimes shown on the certificate as OPV (oral Polio vaccine) or IPV (inactivated (intramuscular) Polio vaccine. OPV will not show as compliant for state requirements as IPV is required in the U.S.

HepB (Hepatitis B vaccine)



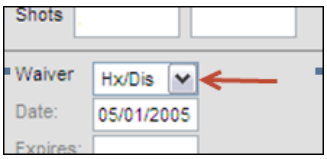
MMR (Measles, Mumps and Rubella Vaccine)



Varicella (Chickenpox vaccine)

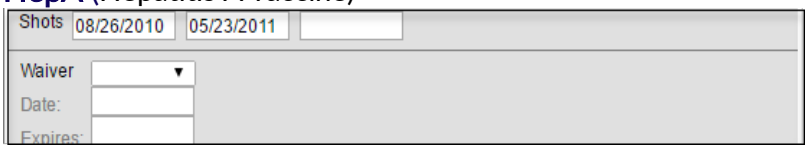
Chickenpox disease: If the student received the immunization, enter that date in the "shots" box.

If the certificate is marked as having a history of the disease, enter either the date listed OR the date the certificate was issued and select **Hx/Dis** from the waiver drop-down list.



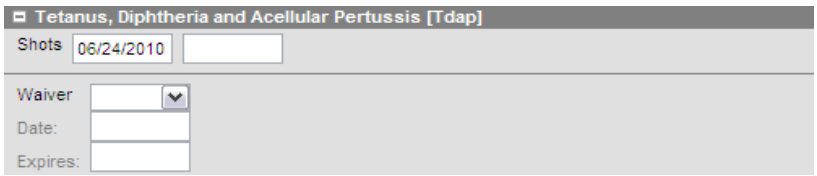
Select **Hx/Dis** if the student had Chickenpox.

HepA (Hepatitis A vaccine)



If a student shows as non-compliant, please review previous immunization certificates that may be scanned into IC or there may be a copy in the student's permanent record.

Td (Tetanus and Diphtheria vaccine)
DT AND Td should be entered under this section.
Tdap (Tetanus, Diphtheria, and Acelluar Pertussis)



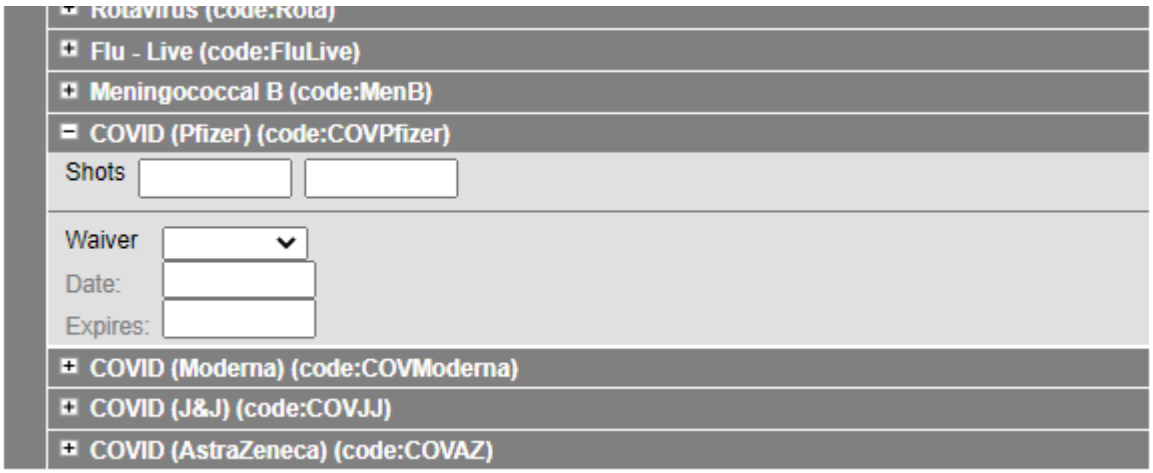
Meningococcal (Meningitis vaccine)
This is not the same as Men B.

COVID Vaccine Shot entry:

There is now a place on the Immunizations screen to enter the Covid vaccine, if received. As Covid vaccine cards are received, enter the dates below.

Directions:

1. Select the student and navigate to Student Information > Health > General > Immunizations.
2. Expand the appropriate COVID vaccine.



3. Enter all shot dates.
4. Click **Save**.

Next Steps

- Best practice is to scan and attach: Scan the student's Immunization Certificate and attach to the student's file under **Index > Student Information > Health > General > Documents tab**. If the record is not scanned and uploaded into IC and there are questions about vaccines a paper copy may need to be pulled at times from the permanent record. This is most significant for those students showing as "non-compliant" so it can save work later by scanning these at this time.
- Place paper copy in the student's cumulative folder.
- Run the JCPS Immunization Survey or Immunizations Report AT LEAST monthly to locate students with missing certificates and/or shots.
- After the monthly reports are run, follow up should be done including sending Notices to the parent/guardian.

Unit 3 – Entering and Editing Screenings

The following must be entered into the **Screenings tab**

- Physical Exam: Initial & 6th Grade Physical
- Vision Exam
- Dental Screening or Exam

At this time Health Services staff enter:
Vision and hearing screening results. A letter is sent to the parents/ guardians of students who fail the vision and hearing screenings. Each designated screening coordinator receives a report listing each student's screening results. Student screenings are mandated by state regulation for vision and hearing. Screenings are conducted each year by Health Services Nursing staff.

JCPS Health Compliance Reports Run Monthly

Please run the JCPS Health Compliance Reports (at least monthly) to find students with missing/incomplete Dental Screening/Exam, Vision Exams and required Physicals. Details are in Unit 4 Health Reports. Children who have untreated dental needs, having difficulty seeing or hearing or unidentified/untreated health conditions will not be at their best which may hurt their ability to learn. Follow up must be done with students that appear on the report. Requests may be made to the Health Services Department for students that you have vision/dental concerns about.

Recording a Physical Exam: Initial and 6th Grade Physical

Enter data from the **Initial physical** and **6th grade physical** according to KDE requirements under Child and Teen check-up. Students are required to have a physical within a year of starting K, 6th grade or when enrolling in a Kentucky public school for the first time.

Be sure that physicals that are turned in when a student is in 5th grade get entered into Infinite Campus as a 6th grade physical **IF** the student already has an Initial Entry Physical entered into Infinite Campus.

Important:

1. There is a delete option. Please use it with utmost caution. This is available for use if you add a screening record to the wrong student or make a mistake and need to delete it. Please be careful to not accidentally delete student data that should remain.
2. Physicals should be on a KY Preventive Health Examination form.
3. All 6th graders MUST be entered as 6th Grade, NEVER as Initial Entry, even when it is their 1st enrollment in a public school.

Recording a 6th Grade Physical/Initial Entry Physical

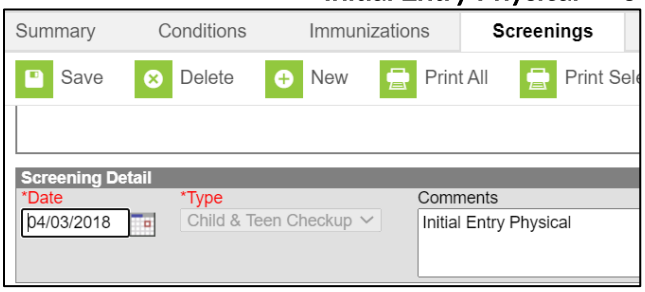
1. Select student and navigate to **Index > Student Information > Health > General > Screenings tab**.
2. Click **New**.

Screening Detail

3. *Date:* Enter the **Date** the physical occurred (not the date the physical was entered into Infinite Campus).
4. *Type:* For **Initial Entry** and **6th Grade Physical**, select **Child & Teen Checkup**. When the **Type** is selected, the appropriate tabs coordinating with the type selected opens. If you are not sure

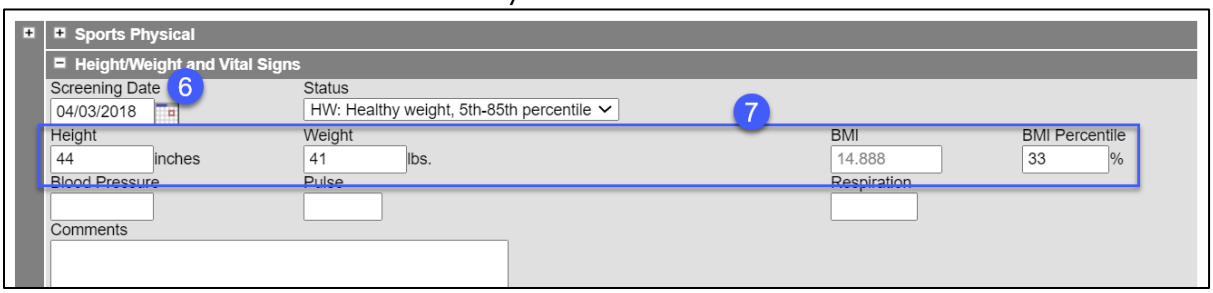
what to fill in, contact Health Services Staff for assistance. If no **Type** is selected, the student is counted as "out of compliance" on state reports.

5. *Comments:* Enter either **Initial Entry Physical** or **6th Grade Physical**.



Height/Weight Vital Signs

6. *Screening Date:* Enter the **Date** the physical occurred (not the date entered into Infinite Campus).
7. *Height/Weight and Vital Signs:* Height and weight must be entered or the student will still appear out of compliance on state reports
   a. *Height:* Enter the student's height in inches.
   b. *Weight:* Enter the student's weight in pounds.
   c. The BMI calculates automatically.

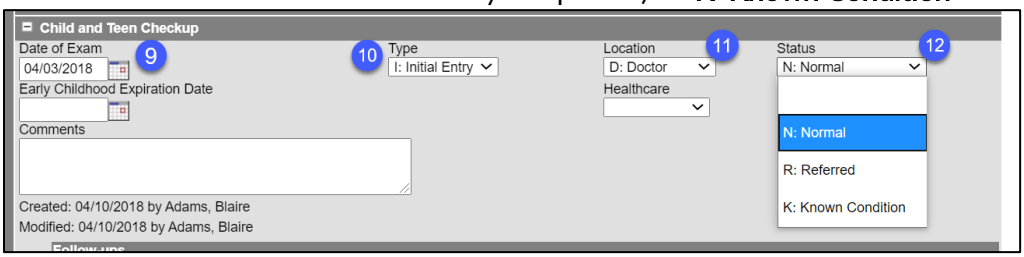


Vision and Hearing

8. The date auto-populates; leave the rest of the data blank. Enter vision exams as separate entries. Please do NOT record the Kindergarten vision exam information under **Child and Teen Checkups** as it will not show under vision exam.

Child and Teen Checkup

9. *Date of Exam:* This field does not auto-populate like the others so be sure to enter the date of the exam.
10. *Type:* Select either **I: Initial Entry** or **6: 6th Grader**, if not the student will show as "out of compliance."
11. *Location:* Select either **D: Doctor** or **S: School**.
12. *Status:* Select either **N: Normal** (no concern), **R: Referred** (if the physical shows a health concern that needs to be addressed by the parent) or **K: Known Condition**.



13. Click **Save**.
14. Scan the document into Infinite Campus and place in student's cumulative record.

Physical Exam Required Fields Review

The following seven areas must be entered for a physical exam:

1. Screening Detail: Date of exam
2. Screening Detail: Type of exam (under Child & Teen Checkup)
3. Screening Detail: Comments - enter **Initial Entry Physical** or **6th Grade Physical**
4. Height/Weight and Vital Signs: Height/weight
5. Child and Teen Checkup Type – select either **I: Initial Entry**, or **6: 6th Grader**
6. Child and Teen Checkup: Location – select either **D: Doctor** or **S: School**
7. Child and Teen Checkup: Status - enter **N: Normal**, **R:Referred**, or **K: Known Condition**

Recording a Vision Exam

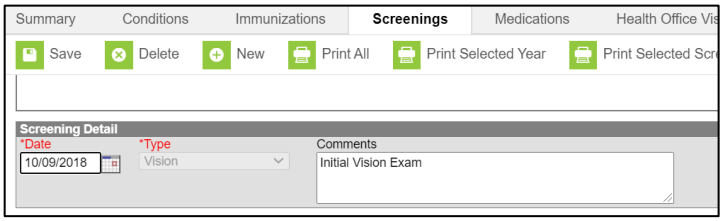
A **Vision Exam** should be completed upon initial entry per state mandate for 3, 4, 5, and/or 6 year old children. The exams are due by January 1st but students should never be excluded from school if this is not done. If there are concerns with parents being able to access care please call 485-3387. This is a one-time entry requirement.

The vision screenings conducted by the Health Services nursing staff are different from the required vision exam and listed as "Batch Entry."

1. Select student and navigate to **Index > Student Information > Health > General > Screenings tab.**
2. Click **New**.

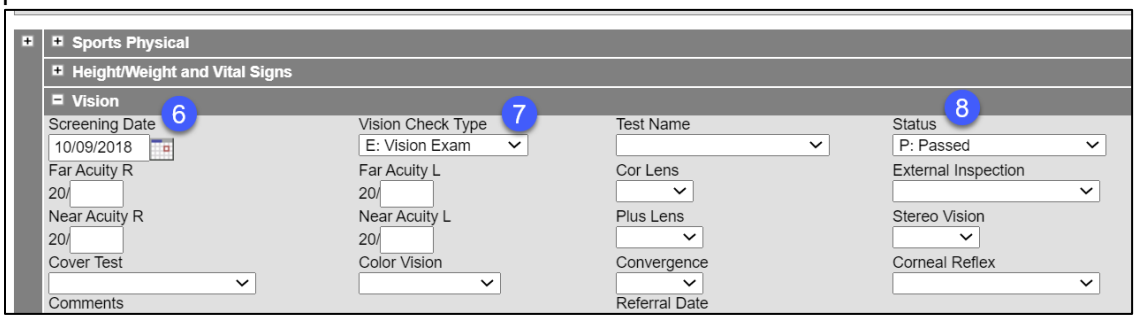
Screening Detail

3. *Date*: Enter the date of the vision exam shown on the form (not the date entered into Infinite Campus).
4. *Type*: Select **Vision**.
5. *Comments*: Enter **Initial Vision Exam**.



Vision

6. *Date*: Enter the **Date** of the vision exam (not the date vision exam was entered in Infinite Campus.)
7. **Vision Check Type***:* Select *E: Vision Exam*. If this is not selected, student will show as "out of compliance."
8. *Status*: Select **P: Passed** if all items are normal. Select **F: Fail** if abnormal or if glasses are prescribed.



9. Click **Save**.
10. Place paper form in student's permanent record. Best practice is to also scan into IC.

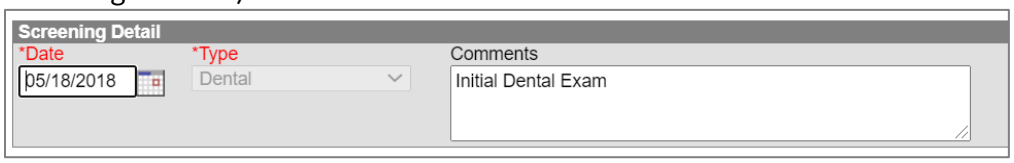
Recording a Dental Screening or Exam

The **Dental Screening or Exam** should be entered upon Initial Entry per state mandate for 5 and 6 year old children by January 1st and is a one-time requirement entry.

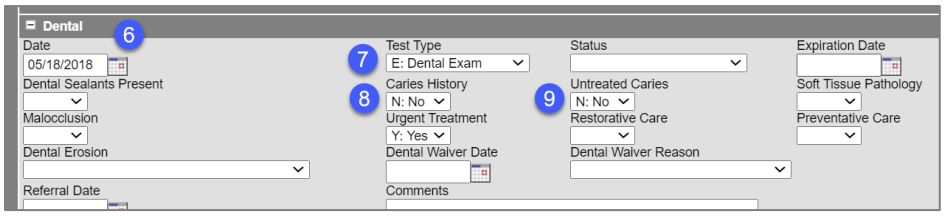
1. Select student and navigate to **Student Information > Health > General > Screenings**.
2. Click **New**.

Screening Detail

3. *Date*: Enter the **Date** of the dental screening or exam (not the date the screening detail was entered into Infinite Campus).
4. *Type*: Select **Dental**.
5. *Comments*: Enter **Initial Dental Screening or Exam**. (The form will indicate whether it is a screening or exam).



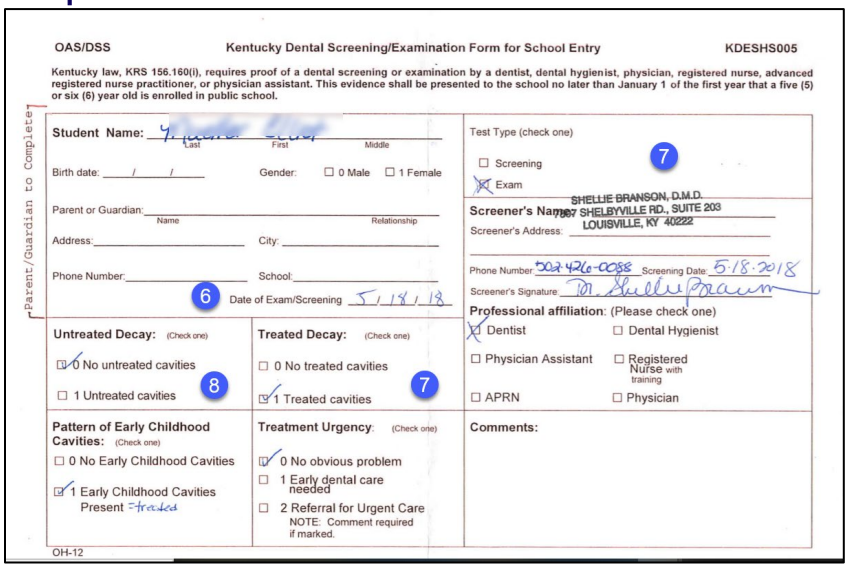
6. *Date:* Enter the **Date** of the dental screening or exam depending on what is marked on the form (not the date the dental exam was entered into Infinite Campus
7. *Test Type:* Select **E: Dental Exam or S: Dental Screening**. If not selected, student will show as "out of compliance."
8. *Caries History:* Choose **Yes** or **No** based on the form.
9. *Untreated Caries:* Choose **Yes** or **No** based on the form.



10. Click **Save**.
11. Scan the document into Infinite Campus and place in the student's permanent record.

When entering information from the Kentucky Dental Screening/Examination Form to Infinite Campus Dental Screenings match the corresponding number in screen shots below.

Sample:



OAS/DSS — Kentucky Dental Screening/Examination Form for School Entry — KDESHS005

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

Parent/Guardian to Complete

Student Name: [redacted] (Last / First / Middle)

Birth date: / / Gender: ☐ 0 Male ☐ 1 Female

Parent or Guardian: (Name / Relationship)

Address: City:

Phone Number: School:

6 Date of Exam/Screening 5/18/18

Test Type (check one) 7
☐ Screening
☒ Exam

Screener's Name: SHELLIE BRANSON, D.M.D. 7907 SHELBYVILLE RD., SUITE 203 LOUISVILLE, KY 40222

Screener's Address:

Phone Number: 502-426-0088 Screening Date: 5/18/2018

Screener's Signature: Dr. Shellie Branson

Professional affiliation: (Please check one)
☒ Dentist ☐ Dental Hygienist
☐ Physician Assistant ☐ Registered Nurse with training
☐ APRN ☐ Physician

Untreated Decay: (Check one)
☑ 0 No untreated cavities
☐ 1 Untreated cavities 8

Treated Decay: (Check one)
☐ 0 No treated cavities
☑ 1 Treated cavities 7

Pattern of Early Childhood Cavities: (Check one)
☐ 0 No Early Childhood Cavities
☑ 1 Early Childhood Cavities Present - treated

Treatment Urgency: (Check one)
☑ 0 No obvious problem
☐ 1 Early dental care needed
☐ 2 Referral for Urgent Care
NOTE: Comment required if marked.

Comments:

OH-12

Unit 4 – Health Document Tab and Reports

The **Documents tab** in the Health Module (**Student Information > Health > General > Documents**) contain forms, letters, and health documents to be used by school staff and nurses. Some are interactive when selected and some of the student information auto-populates. The information can be both printed and manually filled out by the school/parent or combination, or data can be typed into the form via Infinite Campus.

NOTE: Some students will have notes in the **Contact Log tab** related to health requirements which may be helpful.

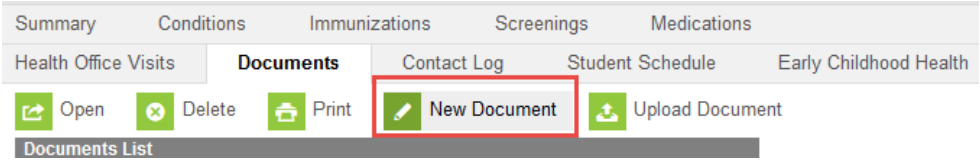
These forms should always be used in notifying parents their student is out of compliance.

Form Name	Who uses it?	Details
Immunization follow-up Request	Health data entry staff, Nurses	Send to Health Services along with immunization certificate to rewrite. If more than one certificate or out of country, send to Health Services.
Letter for Undiagnosed Rash	Health data entry staff, Nurses	Send to Parents
Medication Disposition Letter	Health data entry staff, Nurses	Send to Parents
Head Lice Exclusion Letter	Health data entry staff, Nurses	Send to Parents
Bed Bug Notification Letter	Health data entry staff, Nurses	Send to Parents
Notice of Missing Required Kentucky Health Document(s)	Health data entry staff, Nurses Must be completed individually and saved in Infinite Campus under student file.	Send to Parents This includes Physical, Dental and Vision requirements.
Standard | Second Notice Immunization	Health data entry staff, Nurses	Send to Parents
For additional compliance letter languages, contact Health Services.		

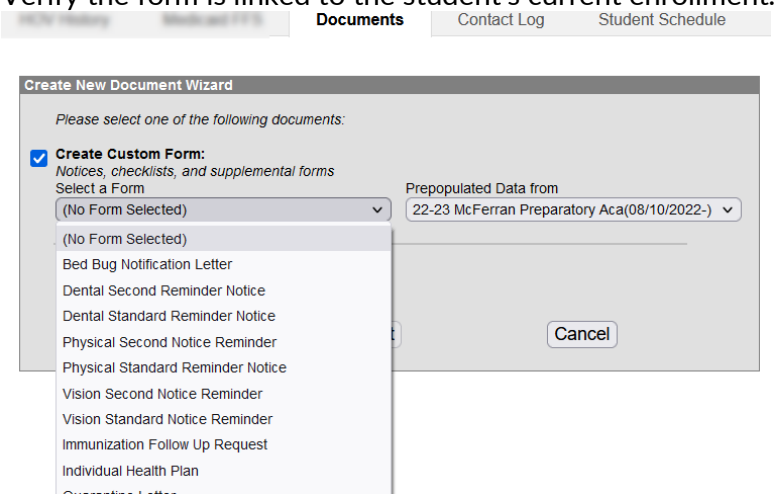
Adding/Accessing a Health Form

Scan all school requirement forms into Infinite Campus by the appropriate school staff. These forms are not interactive but viewable from the **Documents tab** in addition to the forms in the "Create Custom Form" drop-down menu.

1. Select student and navigate to **Index** > **Student Information** > **Health** > **General** > **Documents tab**.
2. Click **New Document.**



3. Check **Create Custom Form** box
4. Select an item from the drop-down list. This drop-down list may change.
5. Verify the form is linked to the student's current enrollment.

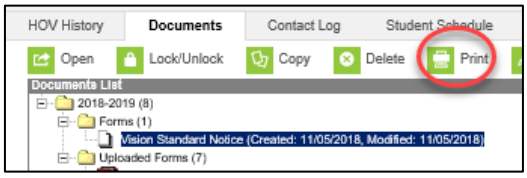


6. Click **Create Document**.
7. Fill out all necessary fields as it relates to the selected student's medication record.
8. Click **Save** on the form to add it to the student's file.
9. Click **Print**, if needed.

Printing a Saved Form

The following directions explain how to print a Form that is created from the custom form tool such as a vision notice or physical reminder (located under "Forms".) If you need to print a form under the "Uploaded Forms" folder, you will have to double click on it and then download it to your computer to print.

1. Navigate to **Index** > **Student Information** > **Health** > **General** > **Documents tab**.
2. Select a form under the "Forms" folder.
3. Click **Print**. (A PDF of the document will display.)



4. Click the printer icon to print a paper copy.

Health Reports

The following reports are available for staff that enter/edit health data in Infinite Campus.

Health Condition Alert Report

To get an accurate list of students in your building with health conditions run this report weekly. The Health Condition Alerts will be added by Health Services as information is received. See the steps below for how to run this report.

1. Navigate to Index > Health > Reports > Health Condition Alert.
2. Under Health Condition Groups - select all.
3. Under Condition Alerts- select all.
4. Flagged Conditions Active Between: This is the date before and the current date you are running the report. For example 8/11/22 thru 8/12/22.
   ***By selecting the calendar date before the day you run the report, the conditions will be active on that day for the current students and the inactive students will no longer show up on the report.*
   (You might have to choose 7-1-2021 thru 8-10-2022 for the first report of the school year to capture students from the previous year for follow up purposes).
5. Display Options: Include Detail should already be checked.
6. Group by:
   a. Calendar: includes whole school.
   b. Grade: Select one grade or use your ctrl key to select multiple.
   c. Section: Choose all that apply per teacher by holding the ctrl key to select multiple.
7. Click Generate Report.

JCPS Reports Located in Infinite Campus

The difference between Infinite Campus reports and JCPS Reports located in Infinite Campus is JCPS Reports are created by JCPS IT department.

If there is a JCPS report in your report menu that shows “Report Services Error” on your screen, please submit IT ticket or call the IT Service Desk at 485-3552 to receive access to the JCPS report.

Navigate to **Index > Health > Reports**

- JCPS Immunization Survey
- JCPS Health Conditions
- JCPS Health Compliance Reports
- Medication Summary

JCPS Immunization Survey Report

Schools can use this report to find students with missing certificates, expired certificates, number of shots received, number of students with religious or medical certificates and much more.

Health Services uses this information when submitting compliance reports at the beginning of each school year to local and state health departments for each school.

Please run this report monthly to determine compliance/non-compliance when communicating this data to parent/guardians of JCPS students. The regular Infinite Campus Immunization reports (ones that do not have the letters JCPS in front of them) do not include the catch up schedule in the calculations that determine compliancy which may label someone non-compliant inaccurately.

1. Navigate to **Index** > **Health** > **Reports** > **JCPS Immunization Survey**.
2. *Grade/group being reported:* Choose the **Grade.** (Fourth Grade is selected in the example.)
3. *School:* Select your school from the drop-down.
4. Click **View Report**.
5. Once generated, the report will show a summary of immunization information.

Select the "**<< CLICK! for reviewing the detail**" link to review students with no immunization certificates. (Missing/Expired student information will appear.) (Add screen shot)

Date: 06-17-2013
Time: 13:49:52

Jefferson County Public Schools
STUDENT SYSTEM
JCPS Immunization Survey

Calendar: Medela Elementary

Grade/group being reported: Fourth Grade

Print All Detail Reports

Immunization Certificates and Exemptions

The Total Number of Children Enrolled: 82

How many children have a current/provisional or expired Immunization certificate on file? 82

How many children DO NOT have any immunization certificate on file? 0 << CLICK! for reviewing the detail

How many children are exempt from all or some immunizations for medical reason? 0

How namy children are exempt from all immunizations for religious reason? 0

Vaccine Dose Summary

Number of children with the following age appropriate vaccines/combinations:

Vaccine/Combination	#Doses	Number of Children
DTaP/DTP/DT	4 or more	82
Polio	3 or more	82
Hepatitis B	3 or more	82
MMR	2	82
Varicella [or child has had chickenpox disease]	2	51

Click the [red] **<<Go Back to Immunization Survey** link to return to the original report.

Date: 06-17-2013
Time: 13:57:52

Jefferson County Public Schools
STUDENT SYSTEM
JCPS Immunization Missing/Expired Detail

<< Go Back to Immunization Survey

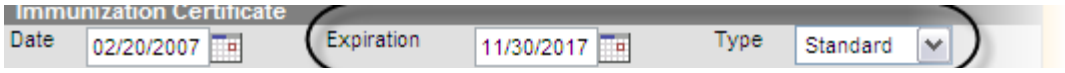
Click **Print All Detail Reports** (red link shown below) for a report of all data reported.

Note: Once the report displays, it can be exported to multiple formats. The **Select a format** drop-down shows all possible formats most commonly to PDF or Excel.

Report Information

- *Expiration date:* Date listed on the immunization certificate.
- *Status:*
  - Expiration - Immunization certificate expired.
  - Missing - No information has been entered. (If data is there, double check to make sure Provisional, Standard, Medical or Religious has been selected.)
- *Certificate Type:* Must be Provisional, Standard, Medical, or Religious.

Important! If shots are recorded but the fields below are not recorded, student immunization status will show as NonCompliant.



The number of students with current or provisional immunization certificates should match the number of students for each Vaccine/Combination.

a. Click on the **Number of children** for each Vaccine/Combination to show a list of students missing that shot.
b. Pull certificates for each student and enter their missing data.

Note: The report may take up to 24 hours to reflect the updated data.

Date: 06-22-2011
Time: 10:37:26

Jefferson County Public Schools
STUDENT SYSTEM
JCPS Immunization Survey

Calendar: Grade/group being reported: Kindergarten

Total number of children in the grade/group being reported: 67

Number of children with current or provisional immunization certificate: 50

Number of children with no (missing) immunization certificate: 17 << CLICK! for review

Number of children with medical exemption: 0

Number of children with religious exemption: 0

Number of children with the following age appropriate vaccines/combinations:

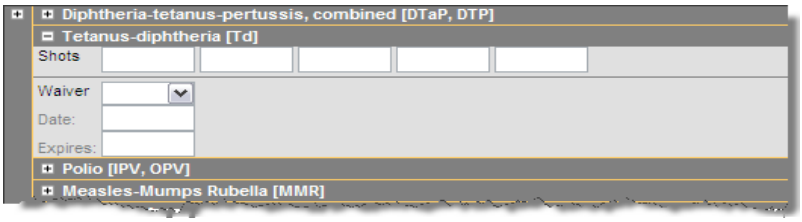
These numbers should match. Please see comment below for details.

Vaccine/Combination	Number of Children
4+ Doses of DTaP/DTP/DT	50
3+ Doses polio	50
1 Dose MMR + 1 Dose of Measles Containing Vaccine OR 2 Doses MMR	49
1 + Dose HIB	49
3 Doses Hepatitis B (or Alternate Adolescent 2 Dose Schedule)	49
1 Dose Varicella (or history of chickenpox disease)	50
Td Booster	0
4DTaP/DTP/DT, 3 Polio, 1 MMR Combination	50
4DTaP/DTP/DT, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B Combination	48

Note: If numbers are not equal, then click on each shot number and the students without the shot will appear. Check their certificates accordingly.

Special Note for Td/Tdap

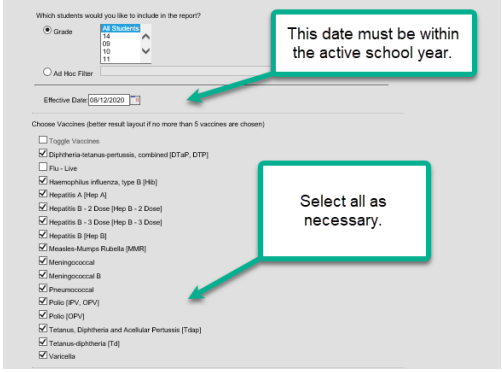
If the numbers are too low, verify from the immunization certificate the correct shot is entered under the correct name. For example, Td should be entered under Td and Tdap should be entered under Tdap.

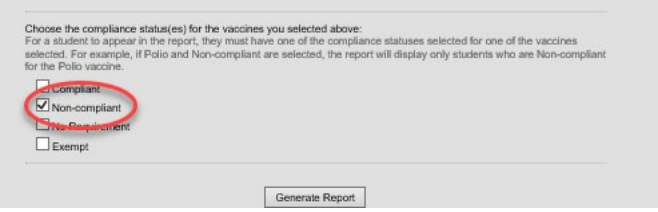


Immunizations Report

The Immunization report will run the vaccine breakdown for each student. Immunization compliance letters can be sent home from this report.

1. **Index > Health > Reports > Immunizations**.
2. Select All Student unless running for a specific grade.
3. Effective Date: must be within the current school year.
4. Check all vaccines as necessary.
5. Select **Non-Compliant**.





6. Click **Generate Report**.

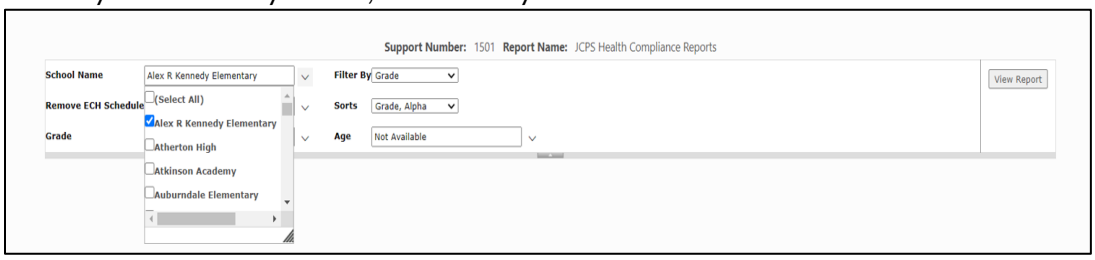
JCPS Health Compliance Reports

The JCPS Health Compliance Reports locate students with missing or incomplete Vision, Dental or Physical (Initial Entry or 6th Grade Physical) Exam data.

Each report provides a count of students with and without Vision, Dental and Physical Exam information. Please run these reports monthly in order to locate the students who are missing the exams and/or the data is entered incorrectly.

Vision: A Vision Exam should be by law/regulation/KDE Requirements entered upon Initial Entry per state mandate for 3, 4, 5, and/or 6 year olds by January 1st and is a one-time entry.
Dental: The Dental exam/screening data should be entered by law/regulation/KDE Requirements no later than January 1st, the first year that a 5 or 6 year old is enrolled in public school.
Physical: Data from the initial entry physical and 6th grade physical will be entered according to law/regulation/KDE requirements.

1. Navigate to **Health** > **Reports** > **JCPS Health Compliance Reports**.
2. School Name: select your school.
3. Filter by: Can filter by Grade, if necessary.



4. **Remove ECH calendar**. Select to exclude early childhood students, as necessary.
5. **Sorts**: Select your sort option.
6. **Grade**: Select All or choose a specific grade.
7. Click **View Report**.
6. The new report is broken down by Vision, Dental and Physical on one page instead of separate reports. The second line under each indicates students with missing or incomplete data. **Click on the number next to the line indicating missing or incomplete data to view the students.** These should be entered/corrected in Infinite Campus. Pull the student's file to check for any entry oversight.

Vision	STUDENTS Grade(S) 00 WITH Vision EXAM	30
	STUDENTS Grade(S) 00 WITHOUT Vision EXAM OR WITH MISSING Vision EXAM DATA	23
	TOTAL STUDENTS Grade(S) 00	53
	Print All Vision Reports	
	School: 175 - Alex R Kennedy Elementary	
Dental	STUDENTS Grade(S) 00 WITH Dental EXAM	23
	STUDENTS Grade(S) 00 WITHOUT Dental EXAM OR WITH MISSING Dental EXAM DATA	30
	TOTAL STUDENTS Grade(S) 00	53
	Print All Dental Reports	
	School: 175 - Alex R Kennedy Elementary	
Physical	STUDENTS Grade(S) 00 WITH Physical EXAM	9
	STUDENTS Grade(S) 00 WITHOUT Physical EXAM OR WITH MISSING Physical EXAM DATA	44
	TOTAL STUDENTS Grade(S) 00	53
	Print All Physical Reports	

Once you click on the number missing a list will show which students are out of compliance. From here you can print batch letters, by clicking on "Print Letters" in the top right hand corner.

Support Number: 1501 **Report Name:** JCPS Health Compliance Reports

1 of 1 100% Find | Next

Date: 07-09-2020
Time: 16:03:47

Jefferson County Public Schools
Vision Exam Compliance Detail
-- Students without Vision Exam --

School: 0175 - Alex R Kennedy Elementary (23 Students) << Go to Summary Report Print Letters

Student Number	Student Name	Grade	Age	Birth Date	Gender	Zip Code
998	q Muhamed	00	5	11/03/2014	M	40220
998	on	00	5	01/11/2015	M	40220
998	n Nicole	00	5	12/05/2014	F	40291
998		00	5	05/20/2015	F	40299
998	n S	00	5	09/20/2014	M	40218
998	ynn	00	5	08/16/2014	F	40299
998	n A	00	5	12/31/2014	F	40220
998	ua	00	6	05/20/2014	M	40291
998		00	5	03/20/2015	M	40220
998	k Cobain	00	5	06/25/2015	M	40220
998		00	5	02/02/2015	M	40229
998	imilien Edward	00	5	12/23/2014	M	40228
998	istan Michael Lee	00	5	10/18/2014	M	40220
998429889	Kahn, Rebecca	00	5	03/10/2015	F	40291