

SCHOOL HEALTH SERVICES (SHS) ONLINE REPORTING SYSTEM

STATEWIDE USER MANUAL



NOVEMBER 2011

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Introduction

The School Health Services Online Reporting System was developed by the Department of Health and Senior Services (DHSS) to provide a more efficient system for all schools to report information requested by DHSS and other state agencies. This information is used to identify trends, facilitate planning of state resources, and ensure up-to-date communication with lead nurses in Missouri schools.

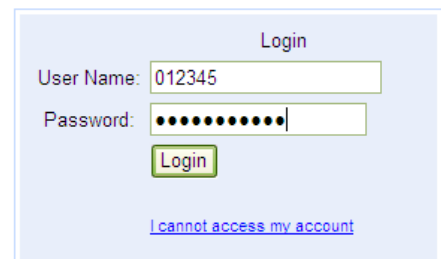
Logging In

Username and password for each school district was provided to the superintendent. The superintendent is requested to assign this password to the lead school nurse. The Online Reporting System can be accessed at:

<https://webapp01.dhss.mo.gov/SchoolHealth/login.aspx>

or by going to the school health home page at <http://health.mo.gov/living/families/schoolhealth/> and clicking the Online Reporting System link. It is suggested to bookmark these pages for quick access to the system.

The username and password is **case-sensitive**, so be sure to capitalize (Ex. 012345, DHSSUSER999). If this has been lost or is not working, email shs@health.mo.gov or call 573-751-6213 for technical assistance.



Login

User Name: 012345

Password: ●●●●●●●●

Login

[I cannot access my account](#)

Home Screen

Upon successful login, the home screen will appear. From this screen, all reports can be accessed.



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State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

School Health

DHSS Home >> School Health >> User Forms >> Home Page

School Health

Welcome! 013054

Logout

	School Health Services Update (Staffing Survey)	Due 12/1/2011
	Special Healthcare Needs Survey	Not Due this School Year
	Vision Menu	Due May 15
	Summary Report of Immunization Status (CD-31)	Submitted 10/14/2011
		Due 10/15/2011 Students in NonCompliance Report needs to be submitted by mail or fax. For questions contact Lynelle Paro at 573-526-7659.

School Health Services Update (Staffing Survey)

The School Health Services Update (aka Staffing Survey) is an annual survey used by the Department of Health and Senior Services to identify statewide school health staffing information on Health Aides, Health Clerks, LPNs, RNs, and Social Workers, calculate the nurse-to-student ratio, and update the list of lead contacts/nurses for Missouri schools. This tool is used to ask 3-5 additional questions which are used in program planning. Your completion of this survey is valuable, and the School Health Services Program appreciates your input.

School Health Service Update for Calvary Lutheran High School

Click the "School Health Services Update" link.

- Year -

Choose the current school year (for example,

2012 for the **2011-2012** school year) and "Create School Health Services Update." This function automatically enters the previous years' information into the survey. The user then only needs to "Edit" positions that have changed (hours, name, etc), or "Add Staff" for any positions that haven't been included. "Delete" positions that are no longer with the program.

School Health Administration
School Health Services Update for Wellston
Year: 2011

All fields denoted with an asterisk * are required fields.

School Health Services Update



To "Add Staff" fill in the identifying information for each position, including choosing the title from the drop-down list. RNs and SWs have an additional drop-down list for the degree received. "Lead Contact" is a new option to choose for those staff who are the lead contact for School Health Services, but are not a health position. (Ex. Superintendent for a school without nurses, or the person responsible for supervising the nurse(s) in the event that person is not a nurse.)

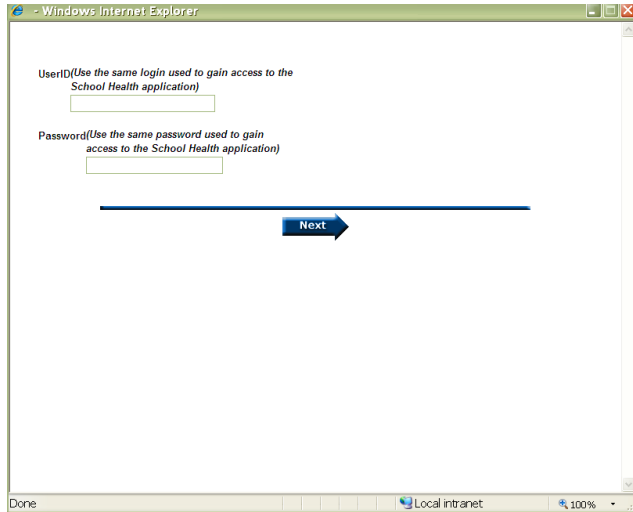
First Name	<input type="text"/>	*	
Last Name	<input type="text"/>	*	
Title	Health Aide <input type="button" value="v"/>	*	
Highest Degree Earned	Health Aide		
Lead Nurse?	Health Clerk		
E-Mail Address	Lead Contact		<input type="text"/>
Elementary School Hours Per Week	LPN		<input type="text"/>
Middle School Hours Per Week	RN		<input type="text"/>
High School Hours Per Week	SW		<input type="text"/>
Other Hours Description			<input type="text"/>
Other School Hours Per Week			<input type="text"/>
	<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	

RN <input type="button" value="v"/>	*
Diploma <input type="button" value="v"/>	*
Diploma	
Associate Degree in Nursing (ADN)	
Bachelor Degree in Nursing (BSN)	
Bachelor Degree in Science (BS)	
Bachelor Degree in Arts (BA)	
Master Degree in Nursing (MSN)	
Master Degree in Science (MS)	
Master Degree in Arts (MA)	
Advanced Practice Registered Nurse (APRN)	
Doctorate in Nursing	
Doctorate	

SW <input type="button" value="v"/>	*
BSW <input type="button" value="v"/>	*
BSW	
MSW	

Once all staff have been entered, click “Answer Survey Questions.” Clicking this link pulls up a new web-browser with instructions that will walk you through the survey. Please log in using the same Username and Password assigned to the district.

Once logged in, please fill out the questions provided by clicking “Next”.



School Health Administration
School Health Services Update 2011-12 School Year

School Health Services Update

Year
--Click Here--

School District Name
Kelso C-7

School Nurse Manager

County Name
SCOTT

Phone Number
(ex. 5735551234)

Email Address

Progress

Reset Save Next

Does your school allow community use/public access to your...

Gym? Yes No

Track? Yes No

Pool? Yes No

Playground? Yes No

How many children were diagnosed with permanent hearing loss for the first time, as a result of the school hearing screening in the 2010 - 2011 school year?

Progress

Back Reset Save Submit

After all questions have been answered, click “Submit” and close the browser when completed.

The user can now “Submit” the School Health Services Update.

Submit Add Staff

Answer Survey Questions

Nurse Name	Position	Lead	Degree	E-Mail	ES Hrs.	MS Hrs.	HS Hrs.	Other Hrs.	Total Hrs.	Edit	Delete
Boop, Betty	LPN			bboop@test.mo.gov	0	0	0	30	30	Edit	Delete
Chin, Harry	SW		BSW	harry.chin@test.mo.gov	0	0	36	0	36	Edit	Delete
Nott, Elvis	LPN			nottelvis@test.mo.gov	15	15	0	0	30	Edit	Delete
Sting, May	RN	Yes	MSN	MaySting@test.mo.gov	0	0	36	0	36	Edit	Delete

According to the Nurse Practice Act, a LPN cannot practice without a supervisor. If an LPN is listed without an RN listed, when the survey is submitted a new screen will open to ask about the LPN supervisor.

Do you have a supervisory agreement with a/an Registered Nurse, Physician, Other, or None?

Name:

RN

RN

Physician

Other

None

Save Cancel

Special Health Care Needs Survey

The Special Health Care Needs survey is a biennial statewide survey used by the Department of Health and Senior Services to track information regarding common conditions affecting Missouri's school-aged children. This tool is used to identify trends and assist with allocation of resources.

Access this survey by clicking "Special Health Care Needs Survey" on the Home Screen after logging in to the Online Reporting System. Begin the survey by clicking "New Special Needs."

Special Needs for ADIEHLS

New Special Needs

No Special Needs Assigned to the User

Choose the user's school/district using the drop-down box and verify the county. Enter the name of the RN Coordinator.

Complete each box by entering the number of students in the school/district reporting special health care needs.

When finished, click "Save."

Please fill out this survey at the beginning of even school years.

2010-2011

2012-2013

2014-2015

School District Name

County

RN Coordinator of Health Services

Please enter the total number of students in your school district that have been diagnosed or identified with the following special health care need(s) or health condition(s). Students may be entered more than once.

Illness Or Disability	# of Student	Illness Or Disability	# of Student
Allergies – life threatening - Food	<input type="text"/>	Hemophilia/bleeding disorder	<input type="text"/>
Allergies – life threatening - Insect	<input type="text"/>	Hydrocephalus with shunt	<input type="text"/>
Allergies – life threatening - Latex	<input type="text"/>	Kidney disease	<input type="text"/>
Asthma – on medication at home or school	<input type="text"/>	Mental Health	<input type="text"/>
Blind	<input type="text"/>	ADD/ADHD	<input type="text"/>
Cancer	<input type="text"/>	Asperger's Syndrome	<input type="text"/>
Taking Chemotherapeutic Medication	<input type="text"/>	Autism	<input type="text"/>
Chronic infection (e.g., Hepatitis, etc.)	<input type="text"/>	Bi-polar	<input type="text"/>
Cleft lip and palate	<input type="text"/>	Depression	<input type="text"/>
Cystic Fibrosis	<input type="text"/>	Obsessive Compulsive Disorder	<input type="text"/>
Daily special health care procedures	<input type="text"/>	Oppositional Defiance Disorder	<input type="text"/>
Blood sugar check	<input type="text"/>	Post Traumatic Stress Syndromes	<input type="text"/>
Catheterization care	<input type="text"/>	Tourette's syndrome	<input type="text"/>
Ostomy care	<input type="text"/>	Migraine headaches	<input type="text"/>
Tube feeding	<input type="text"/>	Neuromuscular disorder, non-progressive (e.g., Cerebral Palsy, etc.)	<input type="text"/>
Ventilator dependent	<input type="text"/>	Neuromuscular disorder, progressive (e.g., Muscular Dystrophy, etc.)	<input type="text"/>
Deaf with no assistive devices	<input type="text"/>	Organ Receptant	<input type="text"/>
With FM systems	<input type="text"/>	Orthopedic disability (permanent)	<input type="text"/>
With hearing aides	<input type="text"/>	Orthopedic disability (temporary, e.g., Osgood Schlatter, fractures, etc.)	<input type="text"/>
With cochlear implants	<input type="text"/>	Scoliosis requiring treatment	<input type="text"/>
Diabetes	<input type="text"/>	Pregnancy	<input type="text"/>
Type 1	<input type="text"/>	Teen Parenting	<input type="text"/>
Type 2	<input type="text"/>	Rheumatoid Arthritis	<input type="text"/>
Drug/alcohol abuse	<input type="text"/>	Autoimmune disease (e.g., Lupus, etc.)	<input type="text"/>
Eating disorder (e.g., Anorexia, Bulimia, etc.)	<input type="text"/>	Routine medications at school	<input type="text"/>
Gastrointestinal Disorders (e.g. Irritable Bowel Syndrome, etc.)	<input type="text"/>	Seizure disorder	<input type="text"/>
Crohn's Disease	<input type="text"/>	Students with do not resuscitate (DNR) order	<input type="text"/>
Ulcers	<input type="text"/>	Traumatic Brain Injury	<input type="text"/>
Bowel/Bladder Incontinence	<input type="text"/>	504 Plans	<input type="text"/>
Genetic disorder (e.g., Down Syndrome, Neurofibromatosis, Cleft Lip/Palate, etc)	<input type="text"/>		
Sickle Cell Disease	<input type="text"/>		
Heart disease with activity restrictions	<input type="text"/>		

Save Cancel

Vision Screening and Exam Referrals/Completions

These statewide reports are to be completed by all public schools to provide information relating to the Missouri Vision Statutes. Access these reports by clicking “Vision Menu” on the Home Screen after logging in to the Online Reporting System. Explanations on filling out the reports are located right above the corresponding report and included in this manual. Choose the report to be completed and the school/district providing the information. Enter the person completing the form, as well as a phone number or email address with which to contact them.

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

School Health Login

Vision Exam Annual Report (K or 1st Grades)

[Vision Exam Explanation](#)
Vision Exam Report

Vision Screening Annual Report (1st and 3rd Grades)

[Vision Screening Explanation](#)
Vision Screening Report

Vision Exam Annual Report

Use this report to enter aggregate totals from the comprehensive vision exams for children entering kindergarten or first grade for the first time. When saved, the report will automatically total the amounts in the gray boxes.

School and Preparer Information

* District: Academie Lafayette
 * District Code: 048914
 * Form Completed By:
 * Date Submitted: 03/17/2010
 * Preparer Contact Information:

Vision Exam Report

Grade	Number of Students Starting School for the first time	Number of Students with Identified vision problem prior to enrollment	Number of Students with Comprehensive Vision Exam	Number of Students with an exam that does not meet the criteria for a Comprehensive Vision Exam	Number of Students with Parent Objection to vision exam via Opt-out Form	Number of Students with No Response from Parent(s) to vision exam request
K	0	0	0	0	0	0
1st	0	0	0	0	0	0
Total	0	0	0	0	0	0

Results of Comprehensive Eye Exam

Grade	Number of Students with Normal (No Abnormality) Comprehensive Vision Exam	Number of Students with Positive Findings	Number of Students with Positive Findings and No Resources for Correction or Treatment
K	0	0	0
1st	0	0	0
Total	0	0	0

Comments:

Save Form Submit Form

Missouri Department of Social Services
Guidelines for Completing the Vision Exam Annual Report for Children Entering
Kindergarten or First Grade. One Report for Each School District.

Columns 2-7: Vision Exam Report

Column 2: Number of students starting school for the first time – Enter by grade (kindergarten and first grade). The target for first grade is a student entering school for the first time that has not attended public kindergarten. The total of columns 3, 4, 5, 6, and 7 should equal column 2.

Column 3: Number of students with identified vision problems prior to enrollment – Enter the number of students with positive findings on a vision exam prior to entering school. The student has a KNOWN vision deficit and under the care of a provider prior to the school enrollment procedure.

Example: Student identified at age 2 with amblyopia and under treatment.

Column 4: Number of students with comprehensive vision exam – Enter the number of students receiving a comprehensive vision exam. This exam must meet the criteria for a comprehensive eye exam (refer to exam form). Students entered in column 3 should not be included in column 4.

Column 5: Number of students with an exam that does not meet the criteria for a comprehensive vision exam – Enter the number of students returning an eye exam form that does not meet the criteria for a comprehensive eye exam. A screening completed by an MD or DO as part of a physical exam does not meet the criteria for a comprehensive eye exam as described in the vision exam form.

Column 6: Number of students with parent objection to vision exam via an “opt out” form – Enter the number of students whose parent(s) request the child to be opted out of the exam. The “opt out” does not have to be on a specific opt out form but a written request opting their child out of the exam.

Column 7: Number of students with no response – Enter the number of students not returning an opt out form or the vision exam form.

Columns 8-10: Results of Comprehensive Eye Exam

Column 8: Number of students with normal comprehensive vision exam – Enter the number of students returning a comprehensive eye exam form indicating a normal exam.

Column 9: Number of students with positive findings – Enter the number of students with a positive finding for the first time. The exam report indicates a diagnosis of amblyopia, myopia, etc; and/or recommended treatment. Do not enter students with a known vision deficit under the care of a professional eye care provider (those entered in column 3). Columns 8 and 9 should equal column 4.

Column 10: Number of students with positive findings and no resources for correction or treatment – Enter the number of students with no resources for treatment or correction but positive findings noted on the exam form. Include students if the parent and school are unable to find resources to provide the treatment and/or glasses for the child. This would be the number of children NOT served.

Comments – Use this section to make additional comments or explanations.

Vision Screening Annual Report

The Vision Screening report is no longer mandated, but is still available for data collection. Use this report to enter aggregate totals from the vision screenings of children in first and third grades. When saved, the report will automatically total the amounts in the gray boxes.

Once a report is completed, click "Submit Form."

Vision Screening Annual Report (1st and 3rd Grades)

* indicates a required field.

School and Preparer Information	
* District:	Academie Lafayette
* District Code:	048914
* Form Completed By:	
* Date Submitted:	03/09/2010
* Preparer Contact Information:	

1st Screening Information			Rescreen Information		Referral Information			
Grade	Number of Students Screened	Number Passing Screening	Grade	Number of Students Rescreened	Number Passing Screening	Grade	No Referral at this Time	Referred for Comprehensive Exam
1st	<input type="text" value="0"/>	<input type="text" value="0"/>	1st	<input type="text" value="0"/>	<input type="text" value="0"/>	1st	<input type="text" value="0"/>	<input type="text" value="0"/>
3rd	<input type="text" value="0"/>	<input type="text" value="0"/>	3rd	<input type="text" value="0"/>	<input type="text" value="0"/>	3rd	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	Total	<input type="text" value="0"/>	<input type="text" value="0"/>	Total	<input type="text" value="0"/>	<input type="text" value="0"/>

Comprehensive Exam Results			Payment Information		
Grade	Normal (No Abnormality)	Positive Findings	Grade	BEST Fund Voucher	Insurance/ Other
1st	<input type="text" value="0"/>	<input type="text" value="0"/>	1st	<input type="text" value="0"/>	<input type="text" value="0"/>
3rd	<input type="text" value="0"/>	<input type="text" value="0"/>	3rd	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	Total	<input type="text" value="0"/>	<input type="text" value="0"/>

Comments:
<div style="border: 1px solid gray; height: 60px;"></div>

Save Form

Submit Form

Missouri Department of Social Services
Guidelines for Completing the Vision Screening Annual Report for Children in Public Schools in First and Third Grades.

Column 2-3: 1st Screening Information

Column 2: Number of students screened – Enter the number of students screened by grade (1st and 3rd). If this number is less than the number of students enrolled for that grade, then explain the discrepancy under Comments.

Column 3: Number passing screening – Enter the number of students passing all components of the screening (distance, near, Random Dot E).

Columns 4-5: Rescreen Information

Column 4: Number of students rescreened – Enter the number of students rescreened related to failing the initial screening. This number should equal column 2 minus column 3. If not, explain under Comments.

Column 5: Number passing screening – Enter the number of students passing the rescreening.

Columns 6-7: Referral Information

Column 6: No referral at this time – Enter the number of students NOT REFERRED because they passed the initial screening and/or the rescreening. The number should be equal to columns 3 and 5. If not, enter Comments to explain the difference.

Column 7: Referred for comprehensive exam – Enter the number of students referred for an evaluation. This should be the number of students NOT PASSING THE RESCREENING (subtract column 5 from column 4). If not explain under Comments.

Columns 8-9: Comprehensive Exam Results

Column 8: Normal (No abnormality) – Enter the number of students referred for a vision exam receiving a normal result.

Column 9: Positive findings – Enter the number of students who were referred for a vision exam and were found to have a vision deficit or identified a vision problem for the first time. For example, do not enter students with a known vision deficit under the care of a professional eye care provider. Note the number of previously identified children in the Comments. Columns 8 and 9 should equal column 7.

Columns 10-11: Payment Information

Column 10: Best Fund Voucher – Enter the number of students completing a referral using a Best Fund Voucher.

Column 11: Insurance/Other – Enter the number of students utilizing private Insurance, Mo HealthNet, or other form of payment for completion of vision referral. Use Comment section as needed to identify Other.


Immunization and Noncompliance Reporting

The following forms are available online, and instructions for completion will be provided by the DHSS Bureau of Immunization Assessment and Assurance. For more information, contact Lynelle Paro at SchoolImmunizationReporting@health.mo.gov.

Summary Report of Immunization Status of Missouri Public, Private, and Parochial School Children (CD-31)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES 2010-2011 SUMMARY REPORT OF IMMUNIZATION STATUS OF MISSOURI PUBLIC, PRIVATE AND PAROCHIAL SCHOOL CHILDREN																
By OCTOBER 15, 2010 this completed CD-31 form must be submitted online or forwarded to: Missouri Department of Health and Senior Services Bureau of Immunization Assessment & Assurance P.O. BOX 570 Jefferson City, MO 65102-0570 (573) 751-6124 toll free 1-866-628-9891																
If School Name or Address has changed, email changes to SchoolImmunizationReporting@dhs.mo.gov or call (573) 751-6124																
Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>				School Name											
Email Address:	<input type="text"/>				Address											
Prepared By:	<input type="text"/>				Date:	<input type="text"/> /	<input type="text"/> /	<input type="text"/>								<input type="checkbox"/> Approved By* (Superintendent or School Administrator)
2010-2011	GRADE LEVEL												<input type="checkbox"/> Ungraded			
Total Number Of Students Enrolled	K	1	2	3	4	5	6	7	8	9	10	11	12	<input type="text"/>		
<input type="checkbox"/> DTAP DT1D TDAP	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded		
DTAP DT1D TDAP	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4 doses	4 doses	4 doses	4 doses	4 doses	3+ doses			
Students fully Immunized	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students in Progress (See ACIP Schedule)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with medical exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with religious exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant with Immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant without immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Tdap	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded		
Tdap									1 dose							
Students fully Immunized	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with medical exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with religious exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant with Immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant without immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> POLIO	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded		
POLIO	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses			
Students fully Immunized	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students in Progress (See ACIP Schedule)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with medical exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with religious exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant with Immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant without immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> MMR (MEASLES, MUMPS, RUBELLA)	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded		
MMR (MEASLES, MUMPS, RUBELLA)	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella	2 measles, 1 mumps, 1 rubella			
Students fully Immunized	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students in Progress (See ACIP Schedule)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with medical exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students with religious exemption	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant with Immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Students Noncompliant without immunization records *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Report of Students in Noncompliance with Missouri School Immunization Law Report (Imm.P.10)

		MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES 2010-2011 REPORT OF STUDENTS IN NONCOMPLIANCE WITH MISSOURI SCHOOL IMMUNIZATION LAW										
<small>NOTE: As required by section 187.181, Revised Statutes of Missouri and by the Code of State Regulations, 19 CSR 10-26.010, the name of any parent/guardian who neglects or refuses to permit a nonexempted child to be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella shall be reported by the school administrator/superintendent to the Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102.</small>												
NAME OF SCHOOL OR SCHOOL SYSTEM:				SCHOOL ID NUMBER:				DATE:		CONTACT PERSON:		
								9 / 10 / 2010				
SUMMARY REPORT EMAIL ADDRESS: None												
STUDENT ID	GRADE	IMMUNIZATIONS NEEDED (check all that apply)										IMMUNIZATION FOLLOWUP - DUE <u>10-15-10</u> State month, day and year of completed immunizations or indicate In Progress, Medical Exempt, or Religious Exempt. (Continue providing followup information until all students are compliant.)
		NO RECORD	DIPH & TET	PERTUSSIS	Tdap	POLIO	MEASLES	RUBELLA	MUMPS	HEP B	VARICELLA	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	