

**Emergency Information**

eSchoolPLUS

**Lauren M Baker**

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**ID:** 20110722 **Building:** SunGard Building 12 **Grade:** 04

Save Search List

**Emergency Information**

Emergency Contact Information Disabilities Medical Alerts

New Contact

Guardian	Phone Number
<a href="#">James/Sandy Baker</a>	Home: (610)867-0169 Work: (610)867-0633

Emergency Contact	Phone Number
<a href="#">Walter J Grant</a>	Home: (610)867-0457

**Physician, Hospital, and Insurance Information**

Physician:

Physician Phone:  Ext:

Hospital Code:

Insurance Company:

Insurance ID Number:

Group Number:

Group Name:

Subscriber's Name:

Notes:

Immunization Information

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ID: 20110722 Building: 12 - SunGard Building 12  
 Grade : 04 Birthdate : 1/5/1996 Age: 9:8

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Immunizations

Status Calculated: 9/21/2005 Student Status: CO - Complete Override:   
 Student Exemption: District Entry Date: 8/30/1999  
 Comments:

List of Vaccinations

Vaccination	Exemption	Series Total	Shots Total	Dates					Series Status	Referrals
<a href="#">DPT - Diphtheria-Tetanus-Pertussis</a>	<input type="checkbox"/>	5	5	3/15/1996	6/2/1996	9/18/1996	3/25/1998	10/12/1999	N/A	
<a href="#">POLIO - Polio</a>	<input type="checkbox"/>	4	4	3/15/1996	6/2/1996	9/18/1996	3/25/1998		N/A	
<a href="#">MMR - Measles, Mumps, Rubella</a>	<input type="checkbox"/>	1	1	5/12/2005					CO - Complete	
<a href="#">HEPB - Hepatitis B</a>	<input type="checkbox"/>	1	1	1/8/1996					N/A	
<a href="#">Varicella - Varicella</a>	<input type="checkbox"/> Had the disease	0	0						EX - Exempt	

Notes:

Dental Exam Information

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Dental

Grade*	Date*	Location	Status	Referral	Notes	Delete
K - KINDERGARTEN	11/2/2001	-				
02 - SECOND GRADE	9/21/2003	-				
04 FOURTH GRADE	9/21/2005					<input type="checkbox"/>

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Notes:

Growth Exam Information

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ID: 20110722 Building: SunGard Building 12 Grade: 04  
 Birthdate: 1/5/1996

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**Growth**

Alerts: AL-ALLERGY-SEASONAL-pollen

Grade*	Date*	Age	Location	Height	%	Weight	%	BMI	%	Referral	Notes	Delete
01 - FIRST GRADE	10/3/2002	6:8		43	5	42	25	15.969	50			
02 - SECOND GRADE	10/30/2003	7:9		45	5	46	10	15.969	50			
03 - THIRD GRADE	11/14/2004	8:10	N - Nurses' Office	47	5	52	10	16.549	50			
04 FOURTH GRADE	9/21/2005	9:8										<input type="checkbox"/>

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Notes:

Hearing Exam Information

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ID: 20110722 Building: SunGard Building 12 Grade: 04

Save Search List

Hearing

Alerts: AL-ALLERGY-SEASONAL-pollen

Grade*	Date*	Location	Right Ear	Left Ear	Detail	Referral	Note	Delete
03 - THIRD GRADE	9/10/2004	A	P	P				
04  FOURTH GRADE	9/21/2005	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="checkbox"/>

Save Search List

Notes:

Hearing Detail Information

**Decibel/Frequency Test**

**Student ID:** 20110722  
**Student Name:** Baker, Lauren  
**Test Date:** 9/10/2004  
**Default Status:**

Decibel	Frequency											
	250 R - L	500 R - L	1000 R - L	2000 R - L	4000 R - L	8000 R - L						
-10	<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"/>
0	<input type="text"/>	<input type="text"/>	F <input type="text"/>	<input type="text"/>	<input type="text"/>	F <input type="text"/>	F <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	F <input type="text"/>	F <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F <input type="text"/>	<input type="text"/>	F <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	F <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"/>
30	<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"/>
40	<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"/>
50	<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"/>
60	<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"/>
70	<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"/>
80	<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"/>
90	<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"/>

**Vision Exam Information**

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**Vision**

Alerts: AL-ALLERGY-SEASONAL-pollen

Grade*	Date*	Time	Location	Lens	Right	Left	Color	Plus	Bin	Referral	Notes	Delete
02 - SECOND GRADE	2/8/2004		N - Nurses' Office	G - Glasses	20/20	20/20	N					

FOURTH GRADE

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**Notes:**

Physical Exam Information

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Physical

Alerts: AL-ALLERGY-SEASONAL-pollen

Date	Grade	Location	Pulse	Blood Pressure	Exam(s)	Referral	Notes	Delete
3/1/2005	03 - THIRD GRADE	G - Gym	78	110 65	Exam Type:Normal _____ NUTR - P TEETH - P GLAND - P GEN - P			
10/22/2005	04 - FOURTH GRADE	G - Gym			Exam Type:Athletic _____			
1/15/2006	04 - FOURTH GRADE				Exam Type: Normal _____ NUTR <input type="checkbox"/> EYES <input type="checkbox"/> EARS <input type="checkbox"/> NT <input type="checkbox"/> TEETH <input type="checkbox"/> GLAND <input type="checkbox"/> HEART <input type="checkbox"/> LUNGS <input type="checkbox"/> ABD <input type="checkbox"/> GEN <input type="checkbox"/> NM <input type="checkbox"/> SKEL <input type="checkbox"/> SCOL <input type="checkbox"/> EMOT <input type="checkbox"/>			<input type="checkbox"/>

Notes:



Scoliosis Exam Information

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Scoliosis

Alerts: AL-ALLERGY-SEASONAL-pollen

Grade*	Date*	Location	Status	Referral	Notes	Delete
04 - FOURTH GRADE	9/6/2005	-	W			
<input type="text" value="04"/>  FOURTH GRADE	<input type="text" value="9/21/2005"/> 	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>

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Medication Requirements

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Rx/Tx Requirements

Alerts: AL-ALLERGY-SEASONAL-pollen

Scheduled PRN

Rx/Tx*	Start Date*	End Date*	Add	Time	Comments	Physician	Delete
ADHD ADHD/ADD Medication	8/22/2005	6/30/2006	+	08:30 AM	5 mg Ritalin		<input type="checkbox"/>
Albuterol Albuterol	8/22/2005	6/30/2006	+	11:00 AM	2 puffs		<input type="checkbox"/>
			+				<input type="checkbox"/>

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Notes:

Medication Log

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Rx/Tx Log

Alerts: AL-ALLERGY-SEASONAL-pollen

Current Previous

#	Date*	Time*	Rx/Tx*	Dose*	Comment	Initial	Delete
1	8/25/2005	8:38 AM	ADHD ADHD/ADD Medication	1 5 mg Ritalin	5 mg Ritalin - need refill	PS	<input type="checkbox"/>
2							<input type="checkbox"/>

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Notes:

**Office Visit Information**

**eSchoolPLUS** **Samuel L. Abrams**

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show >> ID: 20041179 Building: SunGard Building 2 Grade: 11

**Office Visit**

Alerts: AS - ASTHMA

Date	Time In	Time Out	BP Sys / Dia	Pulse	Temp.	Resp.	Room	Initials	Notes	Referrals	Add	Reason	Treatment	Outcome	Delete
1/7/2004	3:55 PM		/				C103								
2/1/2004	2:00 PM	2:15 PM	/				C103						BANDAID		<input type="checkbox"/>
Comments: Bandage for wound on knee															
			/												<input type="checkbox"/>
Comments:															

8:01 AM

**Notes:**

Daily Log

Building: 2 - SunGard Building 2  
 Log Date: 3/1/2004

Change Date Delete

In	Out	Student Name	Room	Reason	Treat	Outcome	Rx	Dose	Init	Office	Notes	Delete
1:00 PM	1:15 PM	Abrams, Samuel L	C103									
1:02 PM		ABDALA, PAUL A	C301	NAUSEA		SH						

Record Saved Record Not Saved Save Failed, Mouse over for error message

Change Date Delete

Notes:

**Medication Day Sheet**

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**Building:\***   SunGard Building 12  
**LogDate:** 9/21/2005

**Day Sheet**

**Initials:**

**Show entries without times:**

Time	Student	Rx/Tx	Comment	Status
08:30 AM	<a href="#">Baker, Lauren M</a>	ADHD - ADHD/ADD Medication	5 mg Ritalin	✓
08:30 AM	<a href="#">Kocher, John Lewis</a>	ADHD - ADHD/ADD Medication	Ritalin 5 mg	✓
09:15 AM	<a href="#">Collins, Steven Daniel</a>	Albuterol - Albuterol	2 puffs	<input type="button" value="Issue"/>
11:00 AM	<a href="#">Baker, Lauren M</a>	Albuterol - Albuterol	2 puffs	<input type="button" value="Issue"/>
12:00 PM	<a href="#">Green, Kristin M</a>	Penicillin - Penicillin	leg injury infection	<input type="button" value="Issue"/>

**Notes:**