

Column	Field	Data Type	Required	Notes	Import Support?
1	Import Student ID	Text	Y	A unique student identifier	Y
2	State Student ID	Text	N	State assigned student identifier.*	Y
3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	FILLER			Formerly medical history text field. This has been moved to the health_medical_history.txt spec	Y
8	Physical Restrictions	Text	N	Free form text to indicate any student restrictions. This field supports unlimited text and is typically sentences or paragraphs of data	Y
9	Notes	Text	N	Free form text to indicate any student health notes. This field supports unlimited text and is typically sentences or paragraphs of data	Y
10	Doctor's Orders	Text	N	Free form text to indicate any specific doctor's orders. This field supports unlimited text and is typically sentences or paragraphs of data	Y
11	PE Modifications?	Integer	N	Maps to the PE Modifications code table	Y
12	PE Modification Description	Text	N	Description of the student's PE Modifications	Y
13	Medicaid Eligible?	Boolean	N	0 = No, 1 = Yes, Defaults to 0	Y
14	Doctor's Name	Text	N		Y
15	Hearing Loss Code	Integer	N	Maps to the Health Hearing Loss code table	Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Medical Caution ID	Integer	Y	Code value from the Medical Cautions code table	Y
8	Caution Detail	Text	N	For text based cautions, the text value of the caution details	Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Time of Arrival	Date/Time	N		Y
8	Time of Departure	Date/Time	N		Y
9	Disposition Code	String	N	Maps to the Health Log Disposition code table	Y
10	Description	Text	Y		Y
11	Health Log Reason	Text	Y		Y
12	Health Log Treatment	Text	Y		Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Medical History Date	Date	N	The date of the student's medical history record	Y
8	Medical History Description	Text	N	Description of the student's medical history. Free form text. This field supports unlimited text.	Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Name of Medication	Text	Y		Y
8	Frequency	Text	N		Y
9	Dosage	Text	N		Y
10	Notes	Text	N		Y
11	Route	Text	N		Y
12	Location	Text	N	Code value of location	Y
13	Condition	Text	N		Y
14	Date Started	Date	N		Y
15	Date Ended	Date	N		Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Name of Procedure	Text	Y		Y
8	Frequency	Text	N		Y
9	Dosage	Text	N		Y
10	Notes	Text	N		Y
11	Route	Text	N		Y
12	Location	Text	N		Y
13	Condition	Text	N		Y
14	Date Started	Date	N		Y
15	Date Ended	Date	N		Y

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4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	TB Test Type	Boolean	Y	1=Type PPD Mantoux, 0=Other	Y
8	Date Given	Date/Time	Y		Y
9	Date Read	Date/Time	N		Y
10	Millimeter Induration	Integer	N		Y
11	Impression Status	Boolean	N		Y
12	Film Date	Date/Time	N		Y
13	X-Ray Impression Status	Boolean	N		Y
14	Free of Communicable TB	Boolean	N		Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Vaccination Type	Text	N		Y
8	Date Administered	Date	N		Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Certified	Integer	N		Y
8	Yellow California Immunization Record	Integer	N		Y
9	Out of State School Record	Integer	N		Y
10	Other Immunization Record	Integer	N		Y
11	Other Immunization Record Specific	Text	N		Y
12	Certification Date	Date/Time	N		Y
13	Certified By	Text	N		Y
14	All Requirements Met	Integer	N		Y
15	All Requirements Were Met Date	Date/Time	N		Y
16	Currently Up to Date, More Doses Required	Integer	N		Y
17	Permanent Waiver - Medical Reason	Integer	N		Y
18	Temporary Waiver - Medical Reason	Integer	N		Y
19	Personal Beliefs Waiver	Integer	N		Y
20	7th Grade Entry - All Requirements Met	Integer	N		Y
21	7th Grade Entry - Certification Date	Date	N		Y
22	7th Grade Entry - Certified By	Text	N		Y
23	7th Grade Entry - Requirements Current	Integer	N		Y
24	7th Grade Entry - Requirements Current Date	Date/Time	N		Y
25	7th Grade Entry - Requirements Current Notes	Text	N		Y
26	Notes	Text	N		Y
27	Grade 1 Physical Complete	Boolean	N		Y
28	CHDP	Text	N		Y
29	CHDP Date	Date/Time	N		Y
30	CHDP Comments	Text	N		Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Date of Screening	Date/Time	Y		Y
8	Age	Integer	N		Y
9	Body Mass Index	Integer	N		Y
10	Student Referred	Integer	N		Y
11	Care Received	Integer	N		Y
12	Comments	Text	N		Y
13	Height - Feet	Integer	N		Y
14	Height - Inches	Integer	N		Y
15	Weight (lbs)	Integer	N		Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Date of Screening	Date/Time	Y		Y
8	Visible Cavities	Boolean	N		Y
9	Student Referred	Boolean	N		Y
10	Care Received	Boolean	N		Y
11	Comments	Text	N		Y
12	Repaired	Boolean	N		Y

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3	Student Last Name	Text	Y		Y
4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Date of Screening	Date/Time	Y		Y
8	Student Referred	Boolean	N		Y
9	Care Received	Boolean	N		Y
10	Comments	Text	N		Y
11	Left 250	Integer	N		Y
12	Left 500	Integer	N		Y
13	Left 1000	Integer	N		Y
14	Left 2000	Integer	N		Y
15	Left 3000	Integer	N		Y
16	Left 4000	Integer	N		Y
17	Left 6000	Integer	N		Y
18	Left 8000	Integer	N		Y
19	Right 250	Integer	N		Y
20	Right 500	Integer	N		Y
21	Right 1000	Integer	N		Y
22	Right 2000	Integer	N		Y
23	Right 3000	Integer	N		Y
24	Right 4000	Integer	N		Y
25	Right 6000	Integer	N		Y
26	Right 8000	Integer	N		Y
27	Pass - Left Ear	Boolean	N		Y
28	Pass - Right Ear	Boolean	N		Y
29	Hearing Aid - Left	Boolean	N		Y
30	Hearing Aid - Right	Boolean	N		Y
31	Tympanogram - Left	Boolean	N		Y
32	Tympanogram - Right	Boolean	N		Y
33	Otoacoustic Emissions - Left	Boolean	N		Y

Column	Field	Data Type	Required	Notes	Import Support?
34	Otoacoustic Emissions - Right	Boolean	N		Y
35	Hear Kit	Boolean	N		Y
36	SF 250	Integer	N		Y
37	SF 500	Integer	N		Y
38	SF 1000	Integer	N		Y
39	SF 2000	Integer	N		Y
40	SF 3000	Integer	N		Y
41	SF 4000	Integer	N		Y
42	SF 6000	Integer	N		Y
43	SF 8000	Integer	N		Y
44	SF Speech	Integer	N		Y
45	Left ABR	Boolean	N		Y
46	Right ABR	Boolean	N		Y
47	Unable	Boolean	N		Y
48	Left Speech	Integer	N		Y
49	Right Speech	Integer	N		Y
50	Screening Type - Hear Kit	Boolean	N		Y
51	Screening Type Audiometer	Boolean	N		Y
52	Screening Type - Tympanogram	Boolean	N		Y
53	Screening Type - Otoacoustic Emissi	Boolean	N		Y
54	Screening Type - Sound Field	Boolean	N		Y
55	Screening Type - ABR	Boolean	N		Y

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4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Date of Screening	Date/Time	Y		Y
8	Passed	Integer	N	0=fail, 1=pass, 2=unable. Defaults to null.	Y
9	Student Referred	Boolean	N		Y
10	Care Received	Boolean	N		Y
11	Comments	Text	N		Y

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4	Student First Name	Text	Y		Y
5	Student Middle Name	Text	N		Y
6	Birth Date	Date	Y		Y
7	Date of Screening	Date/Time	Y		Y
8	Passed	Boolean	N		Y
9	Student Referred	Boolean	N		Y
10	Care Received	Boolean	N		Y
11	Comments	Text	N		Y
12	Unable	Boolean	N		Y
13	Color Vision	Boolean	N		Y
14	Corrective Lenses	Boolean	N	Glasses or Contacts = 1, No correction = 0	Y
15	Muscle Balance	Boolean	N		Y
16	Visual Acuity Right	Text	N	Code key of the student's left visual acuity from the health visual acuity code table.	Y
17	Visual Acuity Left	Text	N	Code key of the student's right visual acuity from the health visual acuity code table.	Y
18	Near Point Combined	Text	N	Code key of the student's combined near point from the health near point code table.	Y
19	Near Point Right	Text	N	Code key of the student's left near point from the health near point code table.	Y
20	Near Point Left	Text	N	Code key of the student's right near point from the health near point code table.	Y

Integer:		<i>negative whole number with no decimal notation</i>	
	Valid inputs	Invalid inputs	
	0	-0.14	
	-1	4939.326	
	-130121	1.5	
	4		
		439343	
Decimal:		<i>negative number with or without decimal notation</i>	
	Valid inputs	Invalid inputs	
	0.0	Yes	
	17	No	
	1.5	T	
	-25.368	F	
	43.89		
	96573.2		
Date:		<i>if the time is present, the time will be truncated</i>	
	Valid inputs	Invalid inputs	
	1/3/01	20091214	
	3/21/10	31/1/2010	
	10/21/2009	20-Sep-10	
	1998-09-20		
	2014-05-18	00:00.0	
Timestamp:		<i>A time value containing a year, month, day, hour, minutes, and seconds</i>	

	Valid inputs	Invalid inputs				
	2014-08-08 04:05:06	8/8/14				
	August 8 04:05:06 2014	12:00				
		9PM				
		Seven o'clock				
Text:	Any ACSII characater data with or without spaces (" ") is considered valid					
Academic Year:	A representation of one year witin an educational calendar. Must be unambiguous and use the hyphenated format					
	Valid inputs	Invalid inputs				
	1999-2000	2001/02				
	2003-2004	2009-10				
	2013-2014	2015				
	2014-2015					