

Data Standard Health

Rev. 7/1/2026

Ownership and History

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Office of Finance and Operations

Revision history**7/1/2026**

Update for 2026-2027 school year

8/26/2025

Updated AED information to include new tool that launched in 2025

8/23/2024

Updated dates for AED reporting

7/1/2024

Updated for New Look/Tool Search

August 4, 2023

Added Section G – Tracking of Portable Automated External Defibrillators (AED)

July 3, 2023

Update for 2023-24 school year

April 10, 2023

Added Titer to the Immunization exception list

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Overview

Description

Health services delivered to students while they are in school are recorded in the health module.

Regulation citation(s)

- KRS 156.502 describes health services to be the provision of direct health care including the administration of medication, the operation, maintenance, or health care through the use of medical equipment or the administration of clinical procedures. To facilitate reducing barriers to learning (KRS 158.6451 (1)(e), all chronic health conditions documented by a medical provider and noted on the student's health information card should be entered.
- KRS 158.037, 902 KAR 2:055, and 902 KAR 2:060 - Immunizations
- 702 KAR 1:160– Vision Examination and Screening and Hearing Screening

Data use

- The Kentucky Department of Education collects annual data on current immunizations, health conditions, physical exams, dental screenings/exams, vision exams, hearing and vision, health screening, health office visits and discharges, district nurse/student ratio (nurse counts) and use of stock emergency medications (Narcan, Epinephrine and Rescue Inhaler)
- Data Sharing between systems – P20
- School Report Card reporting – Number of district nurses

Related ad-hoc filters and reports

Health Condition Alerts
Student Health Immunization
KY Student Health Screening
KY Health Office Visit
Stock Rescue Inhaler Report

Health Audit Grade 00 w/No Dental Record
Health Audit Grade 00 with no Physical Exam
Health Audit Grade 00 with no Vision Exam
Health Audit Grade 06 w/No Physical Exam
Health Codes with ICD-9 Code Set
Health – HOV Missing Discharges
Health Students without Hepatitis A vaccine
Health 16-year-olds without Meningitis Booster

Training

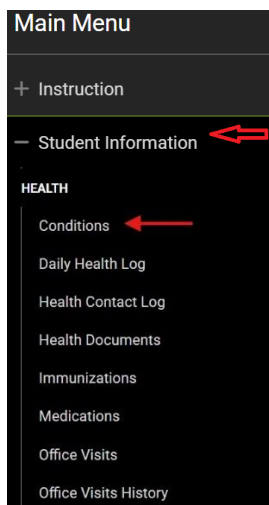
[Guidance - Health Data Entry](#)

[Entering Health Data into Infinite Campus PowerPoints](#)

Section A – Health Office Visits Conditions and Alerts

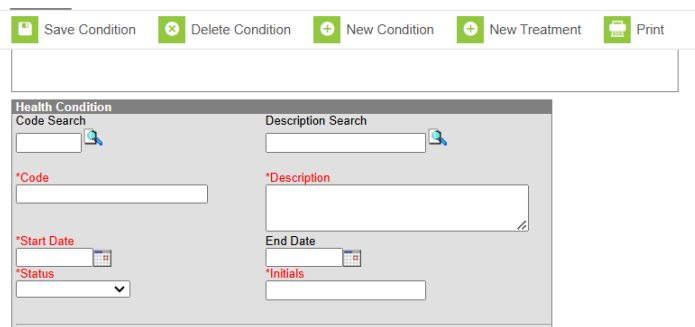
Tool Search: Health Conditions

Main Menu > Student Information > Health > Conditions



Health Conditions

Enter all students with a documented chronic disease under the appropriate health condition code. Use the Description Search to locate the Health Condition/ICD-10 Code. After searching, choose the Health Condition for the student from the drop-down menu. 'Other' should not be chosen. KDE does not require standardized health conditions. A list of KDE recommended ICD-10 codes to be used when choosing health conditions can be found [here](#).



Start Date: Enter start date in which student was diagnosed with this condition.

Status: Select the status of the condition:

- Not Resolved
- Resolved
- Unknown

Initials: Enter initials of user entering condition

Referring Provider's Information: Name, Phone, Credential Suffix

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Additional Information (if known) NPI number, Enumeration, Taxonomy Number

The image shows a form titled "Referring Provider" with a red circle around the title. Below the title is a "Link to Person" dropdown menu. The form is divided into two columns. The left column contains fields for "Name", "Credential Suffix", and "NPI Enum Date". The right column contains fields for "Phone", "NPI Number", and "Primary Taxonomy". Red arrows point to each of these six input fields.

Flag:

Check this box for medical conditions that will require an emergency action if a condition occurs. These conditions would be seen as life threatening and need immediate attention, i.e., Glucagon for a student with diabetes receiving insulin experiencing very low blood sugar. Checking the box will create this flag on student's screen:



User Warning:

Enter brief emergency information relating to the student's health condition and treatment that will display when user hovers over alert symbol. (Example: Glucagon kept in nurse's office)

Instructions:

Enter further details regarding emergency treatment procedures required and locations of medication. (Example: Administer medication and call parent). These instructions will be visible in a popup box when clicking on the alert symbol.

The image shows a form titled "Flag" with a red circle around the title. Below the title is a checked checkbox. The form is divided into three sections: "*User Warning" with a text input field, "Instructions" with a text input field, and "Comments" with a text input field. Red arrows point to each of these three input fields.

Section B – Immunizations

Tool Search: Immunizations

Main Menu > Student Information > Health > Immunizations

*Required by KDE for grades K, 7 and 11.

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Main Menu

- + Instruction
- Student Information

HEALTH

- Communicable Disease
- Conditions
- Daily Health Log
- Health Contact Log
- Health Documents
- Immunizations
- Medications

Save Print

Immunization Summary

Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)	*** No vaccine doses on record. ***	Non-compliant
Polio [IPV, OPV] (code:Polio)		Non-compliant
Measles-Mumps Rubella [MMR] (code MMR)		Non-compliant
Hepatitis B [Hep B] (code:HepB)		No Requirement
Histophilus influenza, type B [HiB] (code:HiB)		No Requirement
Pneumococcal (code:PPV)		No Requirement
Varicella (code:Varicella)		Non-compliant
Tetanus, Diphtheria and Acellular Pertussis [Tdap] (code:Tdap)		No Requirement
Meningococcal (code:MCV4)		No Requirement

Immunization Certificate

Date: Expiration: Type:

- ☒ **Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)**
 - Shots:
 - Waiver:
 - Date:
 - Expires:
- ☐ **Tetanus-diphtheria [Td] (code:Td)**
- ☐ **Polio [IPV, OPV] (code:Polio)**
 - Shots:
 - Waiver:
 - Date:
 - Expires:
- ☐ **Measles-Mumps Rubella [MMR] (code:MMR)**
 - Shots:
 - Waiver:
 - Date:
 - Expires:
- ☐ **Measles-Mumps-Rubella-Varicella [MMRV] (code:MMRV)**

Date: Enter the date the certificate was signed by local health care provider. If there is a waiver, enter the date of the waiver.

Expiration: Enter the expiration date of the certificate submitted. If medical or religious exemption is checked, no expiration date is required.

Type: Select from the dropdown menu the type of certificate provided:

- Provisional
- Standard
- Medical
- Religious

Note: If Medical or Religious is chosen, user must also choose Medical or Religious waiver in the dropdown under each immunization for which the waiver is applicable and enter the waiver date. If a

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Titer Immune certificate is presented the waiver must be added to the immunization and a waiver date must be entered as well.

NOT required by KDE:

KDE does not require the entry of individual shot dates. You are not required to address invalid vaccination doses. KDE is only concerned that:

- A student has a certificate on file.
- The certificate type (Regular, Religious, or Medical Exemptions).
- The certificate is not expired.

Immunization Summary

*** The vaccine compliance was calculated based on the enrollment in Hayes Elem School 2025 B, Grade: 01 ***

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

Immunization Certificate

Date: Expiration: Type:

Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)

Shots: 08/03/2018 10/11/2018 02/05/2019 12/12/2019 06/14/2022

Waiver:

Date:

Note: If you have an immunization that is considered Non-compliant, double check the entry dates to make sure that the immunization dates were entered correctly. If the immunization was given at the incorrect interval, it will show Non-compliant as well.

Exemptions: In the event of a medical or religious exemption, enter type of exemption in the waiver box. List the certificate date in the box, click save.

Save Print

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

Immunization Certificate

Date: 08/25/2014 Expiration: 08/16/2025 Type: Religious

Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)

Shots:

Waiver: R.Relig

Date: 08/25/2014

Expires:

Tetanus-diphtheria [Td] (code:Td)

Polio [IPV, OPV] (code:Polio)

Shots:

Waiver: R.Relig

Date: 08/25/2014

Expires:

Measles-Mumps Rubella [MMR] (code:MMR)

Shots:

Waiver: R.Relig

Date: 08/25/2014

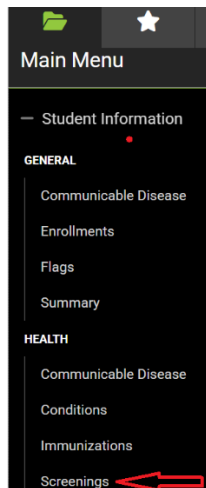
Expires:

Other considerations: All Kentucky schools will be asked to complete an immunization survey through their local health department each year as required by the **Kentucky Department of Public Health** (KRS 158.037 and 902 KAR 2:055). To assist with completing this survey, schools may enter the data for the immunizations. Instructions for entering immunizations can be found on [Campus Community](#).

Section C – Screenings

Tool Search: Health Screenings

Main Menu > Student Information Health > Screenings



Select the Screening Type

The screenshot shows a 'Screening Detail' form. It has a 'Date' field with a calendar icon, a 'Type' dropdown menu, and a 'Comments' text area. The 'Date' field is set to '07/03/2023'. The 'Type' dropdown menu is open, showing a list of screening types: Early Childhood, Health Appraisal, Tuberculosis, Sports Physical, Child & Teen Checkup, Placement, Height/Weight, Re Screen, Vision, Hearing, Vision/Hearing, Dental, Scoliosis, Lead Level, Developmental, Social-Emotional, Concussion, Speech, and Other. The 'Comments' field is empty.

Date: Enter date of screening

Type: Select the required KY screening:

- Child and Teen Checkup (Physical Exam)
- Vision (Exam and Screening)
- Hearing
- Dental (Exam or Screening)

Guidance for each Screening Type

Child and Teen Checkup (Physical Exam) - *Required for Initial Entry and 6th Grade*

NOTE: Multiple sections will open but data entry is only required in this section.

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Date of Exam: Enter the date on the student's form. If a student is entering kindergarten with a preschool or Head Start physical, that initial screening date may be used, even if more than one year prior to kindergarten enrollment.

Type: Select from drop down menu:

- I: Initial Entry
- 6: 6th Grader
- 9: 9th Grader (optional in Kentucky)

Status: Select from drop down menu:

- Normal
- Referred
- Known condition

Screening Detail

*Date: 07/03/2023

*Type: Child & Teen Checkup

Comments

Sports Physical

Height/Weight and Vital Signs

Vision

Hearing

Early Childhood Screening

Child and Teen Checkup

Date of Exam: 07/03/2023

Early Childhood Expiration Date

Comments

Type: I: Initial Entry, 6: 6th Grader, 9: 9th Grader

Location

Healthcare

Status

Follow-ups

Add Follow-up

Developmental

Social-Emotional

Speech

Tuberculosis

Scoliosis

Dental

Lead Level

Concussion

Vision Exam – Required for students three, four, five or six for Initial Entry to school, must be completed before January 1 of the current school year.

Date: Enter the *Vision Exam* date

Vision Check Type: Select *Vision Exam* from the drop-down menu

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Screening Detail			
*Date 07/03/2023	*Type Vision	Comments	
Sports Physical Height/Weight and Vital Signs Vision Screening Date 07/03/2023 Far Acuity R 20/ Near Acuity R 20/ Cover Test Comments Vision Check Type E: Vision Exam Far Acuity L 20/ Near Acuity L 20/ Color Vision Test Name Cor Lens Plus Lens Convergence Referral Date Status External Inspection Stereo Vision Corneal Reflex			

Follow-ups

Add Follow-up

Hearing

Early Childhood Screening

Child and Teen Checkup

Vision Screening – For students after Initial Entry. Districts determine which grades will be screened per 702 KAR 1:160.

Status: Select results of *Vision Screening* from drop down menu:

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused
- RE: Referred
- RC: Referral Complete

Referral Date: Enter the date a referral was sent home to the parent/guardian, if needed

Screening Detail			
*Date 07/03/2023	*Type Vision	Comments	
Sports Physical Height/Weight and Vital Signs Vision Screening Date 07/03/2023 Far Acuity R 20/ Near Acuity R 20/ Cover Test Comments Vision Check Type S: Vision Screening Far Acuity L 20/ Near Acuity L 20/ Color Vision Test Name Cor Lens Plus Lens Convergence Referral Date Status P: Passed External Inspection Stereo Vision Corneal Reflex			

Follow-ups

Add Follow-up

Hearing

Early Childhood Screening

Child and Teen Checkup

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Hearing Screening – *Required for students. Districts determine which grades will be screened per 702 KAR 1:160.*

Date: Enter the Hearing Screening date

Type: Select Original from drop down menu

Status: Select results of hearing screening from drop down menu:

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused
- RE: Referred
- RC: Referral Completed

Screening Detail

Date: 07/03/2023 Type: Hearing Comments:

Sports Physical

Height/Weight and Vital Signs

Vision

Hearing

Screening Date: 07/03/2023 Status: P: Passed, F: Failed, needs follow-up, C: Cannot Test, absent, R: Refused, RE: Referred, RC: Referral Completed Type: Otoacoustic Emissions L, Tympanometry L, Otoscopic L

Otoacoustic Emissions R

Tympanometry R

250 R, 500 R, 1000 R, 2000 R, 6000 R, 8000 R

Otoacoustic Emissions L

Tympanometry L

250 L, 500 L, 1000 L, 2000 L, 6000 L, 8000 L

Otoscope L

3000 L, 4000 L, 6000 L, 8000 L

Comments:

Follow-ups

Add Follow-up

Note: There is no Referral date in the Hearing Screening. If a referral is made, two screenings must be entered. One with the actual status of the screening and a second with the referral.

Dental Screening or Exam – *Required for students aged five or six who enroll in a public school. Proof of a dental screening or exam is required within the calendar year of the initial enrollment*

Date: Enter the date of the dental screening or exam

Test Type: Select Dental Exam or Dental Screening from drop down menu

Referral Date: Enter the date a referral was sent home to the parent/guardian, if needed.

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Screening Detail

*Date: 07/03/2023 *Type: Dental Comments:

☐ Sports Physical
☐ Height/Weight and Vital Signs
☐ Vision
☐ Hearing
☐ Early Childhood Screening
☐ Child and Teen Checkup
☐ Developmental
☐ Social-Emotional
☐ Speech
☐ Tuberculosis
☐ Scoliosis
☒ Dental

Date: 07/03/2023
 Dental Sealants Present: ☐
 Malocclusion: ☐
 Dental Erosion: ☐
 Referral Date:

Test Type:
 Status:
 Expiration Date:
 Untreated Caries:
 Restorative Care:
 Dental Waiver Reason:
 Soft Tissue Pathology:
 Preventative Care:
 Dental Waiver Date:
 Comments:

Follow-ups
Add Follow-up

Section D – Employment Assignment for District Hired Health Staff

All district-hired school health staff should be entered under the District Assignments tab. The information will sync to State Edition and be available for retrieval by KDE. The service providers tracked in this tab will have District Employment Records.

Tool Search: District Assignments

Main Menu > Census > Staff > District Assignments

Main Menu

+ Instruction
 + Student Information
 + Attendance Office
 + Behavior Office
 - Census 

STAFF

Credentials
 District Assignments 

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Demographics	Identities	Households	Relationships	Enrollments	District Employment	District Assignments
--------------	------------	------------	---------------	-------------	---------------------	-----------------------------

SaveDeleteNew

Employment Assignment Information

*School

*Start Date

Type

07:Other

Alternate Type

Reading First

Evaluation Override

PD Class Offered By

PD Class Applied Hours

End Date

FTE of Assignment

Highly Qualified

PD Year

PD Class Type

PD Class Credit

Department

Title

Assignment Code

Teacher

Special Ed

Program

Behavior Admin

Health

☒

Behavior Response Approver

Response to Intervention

13

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School Name: Choose school name from drop down box.

Demographics Identities Households Relationships Enrollments District Employment **District Assignments**

Save Delete New

Employment Assignment Information

***School**

***Start Date**

End Date

Department

Title

Assignment Code

Type

07:Other

FTE of Assignment

Alternate Type

Highly Qualified

Reading First

PD Year

Evaluation Override

PD Class Type

PD Class Offered By

PD Class Credit

PD Class Applied Hours

Teacher

☐

Special Ed

☐

Program

☐

Behavior Admin

☐

Health

☒

Behavior Response Approver

☐

Response to Intervention

☐

Date: Add employee hire date.

Demographics Identities Households Relationships Enrollments District Employment **District Assignments**

Save Delete New

Employment Assignment Information

***School**

***Start Date**

End Date

Department

Title

Assignment Code

Type

07:Other

FTE of Assignment

Alternate Type

Highly Qualified

Reading First

PD Year

Evaluation Override

PD Class Type

PD Class Offered By

PD Class Credit

PD Class Applied Hours

Teacher

☐

Special Ed

☐

Program

☐

Behavior Admin

☐

Health

☒

Behavior Response Approver

☐

Response to Intervention

☐

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Type: Select "07: Other"

Demographics Identities Households Relationships Enrollments District Employment District

Save Delete New

Employment Assignment Information

*School

- 01:Teacher
- 02:Administrator
- 03:Counselor
- 04:Support
- 05:Speech Therapist
- 06:Librarian
- 07:Other

Department

Title

Assignment Code

Highly Qualified

Alternate Type

Baseline First

PD Year

Alternate Type: Choose the correct type of license from the drop-down box.

- LPN: Licensed Practical Nurse
- RN: Registered Nurse/Advanced Practice RN

Save Delete New

*Start Date

End Date

Title

Type

FTE of Assignment

Assignment

Alternate Type

Highly Qual

PD Year

PD Class Ty

PD Class Ci

AUD: Audiologist

CC: Career Counselor/Coach

INT: Interpreter

ISC: School Instructional Specialist/Coach

LPC: Licensed Professional Clinical Counselor

LPN: Licensed Practical Nurse

OCC: Occupational Therapist

ONP: Other Non-Professional

OPR: Other Professional

PHT: Physical Therapist

PSY: Psychologist

REC: Recreation Therapist

REH: Rehabilitation Counselor

RN: Registered Nurse/Advanced Practice RN

SOW: Social Worker

TAD: Teacher Aide

WSC: Work Study Coordinator

Health

Advisor Supervisor Counselor Foodservice

Exclude Behavior Referral

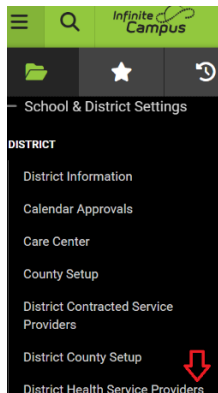
Check the Health box and then Save.

Section E – District Health Service Providers

The District Service Providers tab tracks contract health service providers in each district by school year based on contract start and end dates. Contracted service providers can be more than one school year in duration. The information will sync to State Edition and be available for retrieval by KDE. The service providers tracked in this tab will not have District Employment records. This tab is for nurses that are board hired – District Health Service Providers.

Tool Search: District Health Service Providers

Main Menu>School & District Settings > District Health Service Providers



School Year: Enter correct school year

Note: This information must be entered yearly even if the contract is longer than a one-year period.

District Information	District Health Service Providers	District Contracted Service Providers	NTI Data Collection								
New Save											
Health Service Provider Editor											
<table border="1"> <thead> <tr> <th>School Year</th> <th>Service Provider</th> <th>Medical Professional</th> <th># Professionals Provided</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="height: 100px;"></td> </tr> </tbody> </table>				School Year	Service Provider	Medical Professional	# Professionals Provided				
School Year	Service Provider	Medical Professional	# Professionals Provided								
Health Service Provider Detail											
<table border="1"> <thead> <tr> <th>*School Year</th> <th>Service Provider</th> <th>Medical Professional</th> <th># Professionals Provided</th> </tr> </thead> <tbody> <tr> <td>23-24</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table>				*School Year	Service Provider	Medical Professional	# Professionals Provided	23-24			0
*School Year	Service Provider	Medical Professional	# Professionals Provided								
23-24			0								

Service Provider: Choose type of service provider from the drop-down menu.

- 01. Health Department
- 02. Hospital
- 03. Staffing Agency
- 04. Federally Qualified Health Care Center

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District Information	District Health Service Providers	District Contracted Service Providers	NTI Data Collection
 New  Save			
Health Service Provider Editor			
School Year	Service Provider	Medical Professional	# Professionals Provided
23-24 01: Health Department 02: Hospital 03: Staffing Agency 04: Federally Qualified Health Care Center			

Medical Professional: Choose type of medical professional from drop down menu

- PA: Physician's Assistant
- APRN: Advanced Practice RN
- RN: Registered Nurse
- LPN: Licensed Practical Nurse

District Information	District Health Service Providers	District Contracted Service Providers	NTI Data Collection
 New  Save			
Health Service Provider Editor			
School Year	Service Provider	Medical Professional	# Professionals Provided
23-24 PA: Physician's Assistant APRN: Advanced Practice RN RN: Registered Nurse LPN: Licensed Practical Nurse			

Number Professionals Provided: Enter number of health provider staff

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District Information **District Health Service Providers** District Contracted Service Providers NTI Data Collection

New Save

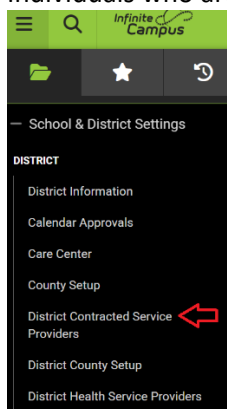
School Year	Service Provider	Medical Professional	# Professionals Provided

Health Service Provider Detail

*School Year: 23-24 Service Provider: Medical Professional: # Professionals Provided: 0

Click Save

Individuals who are hired to provide health services by contract are entered through this tab.



Section F - Tracking of Portable Automated External Defibrillators (AED)

KDE has transitioned to a new reporting application. This data should be entered into the AED Tracking Web Application. All AED-related data should be entered into the new AED Tracking Web Application and NOT into Infinite Campus. Contact your district health coordinator for more information on tool accessibility.

[KRS 158.1621](#) requires school districts to report to the Kentucky Department of Education the number of portable automated external defibrillators (as of July 1) at each school within the district annually by August 1. Using this information, KDE will publish a report on the number of portable AEDs in Kentucky public schools by school and school district to the department's website. Additionally, KRS 158.162 requires annual reporting of AED-trained individuals, including all coaches, individuals, their training date and the progress being made on adding more units to cover all school-sanctioned athletic practices

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and competitions. This must be completed annually no later than November 1 in the AED Tracking Web Application. The tracking period should span October 2 through the following October 1. Below you will find guidance on how to enter this data into Infinite Campus.

If the district has additional AEDs that are not stored at individual schools, for example AEDs that are used at sporting events, district events or located at board offices/transportation offices/etc., please enter those AEDs at the “District Office”. Each AED owned by the district should only be counted at one location.