



CT WiZ Reports for School Nurses



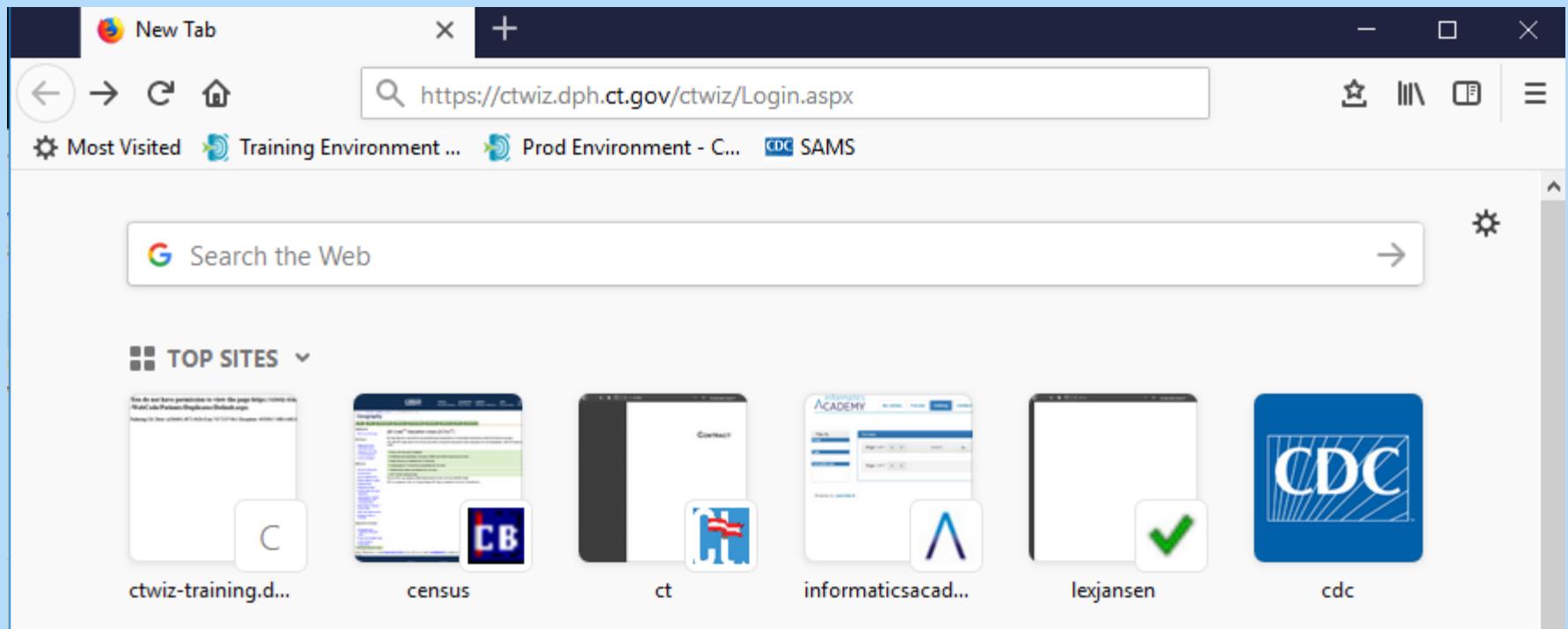
Connecticut Department of Public Health
Keeping Connecticut Healthy



Getting to CT WiZ

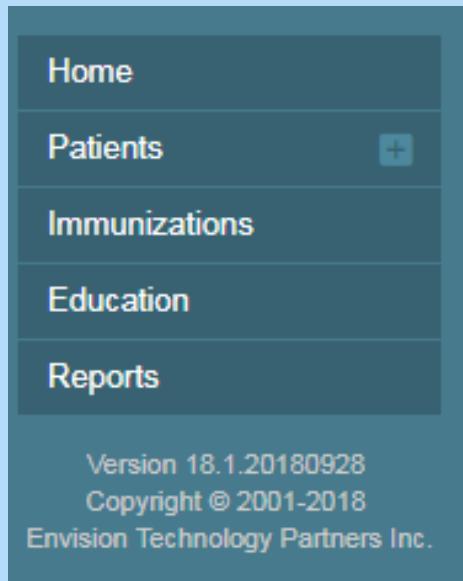
Enter this address into your web browser:

<https://ctwiz.dph.ct.gov/ctwiz/Login.aspx>



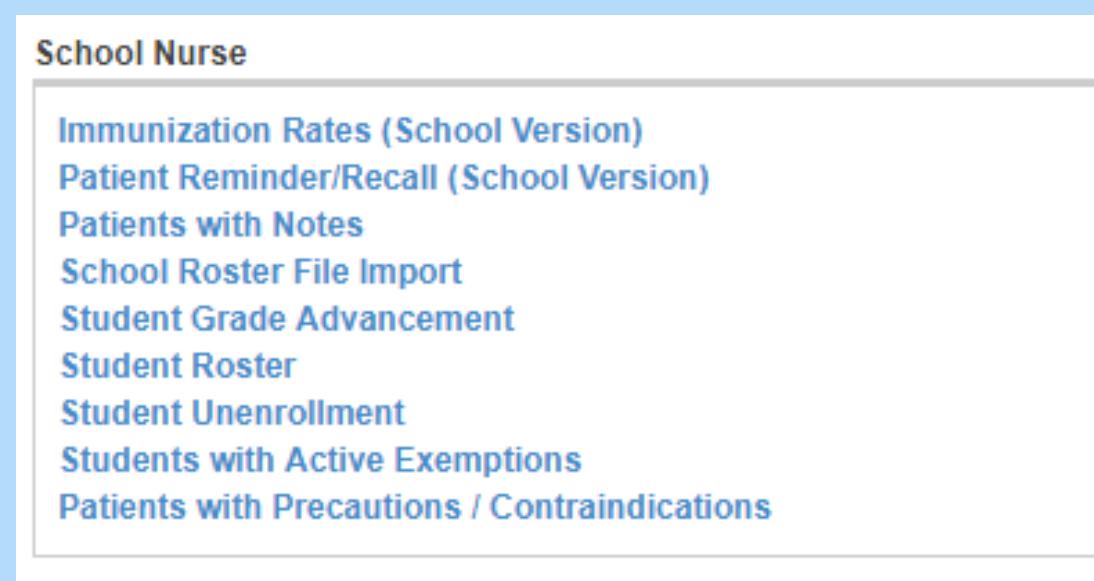
School Nurse Reports

The following reports are available to run on student data. Students must be associated to a school district/school prior to running any reports.



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School Nurse

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[Patient Reminder/Recall \(School Version\)](#)
[Patients with Notes](#)
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[Student Grade Advancement](#)
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Patients with Notes

CT WiZ  CT DPH CLINIC, CT DPH CLINIC  PATIENT SEARCH



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Patients with Notes

Enter the selection criteria and click "Run Report" or click "Cancel" to return to the previous page. 

Report Selection Criteria

School District *
 SOUTH WINDSOR SCHOOL DISTRICT 

School *
 ORCHARD HILL SCHOOL 

Note Types

Available types	Selected types
GENERAL	
HEALTH	
IZ	
IZ RECORD (PRINT)	
MMR3 INTERVENTION	
OTHER ALLERGIES	
PATIENT STATUS	
PROVIDER SPECIFIC	
REFUSED VACCINATION	
SCHOOL	
SCREENED ONLY	

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Note Entered Date Range
 From:  Through: 

Output Type PDF EXTRACT - Delimiter:

Run Report **Cancel**

1. The School District and School default to what you are associated with.
2. Select the Note type and then click on > .
3. Click on Run Report.

For additional information on the report, click on the .

Student Roster

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Student Roster

Enter the selection criteria and click "Run Report" or click "Cancel" to return to the previous page. 

Report Selection Criteria

School District *

SOUTH WINDSOR SCHOOL DISTRICT 

School *

ORCHARD HILL SCHOOL 

Grade Range

From  Through  6 

County of Residence *

HARTFORD 

Ethnicity

(ALL) 

Group Report Totals by

- School District/School
- County

Enrollment Open as of *

01/16/2019 

Age Range

From:  Through:  UOM: 

Sort by

- Alphabetical
- Student Enrollment date
- Most recent FERPA date

Output Type PDF EXTRACT - Delimiter: 

 Run Report  Cancel

1. The School District and School default to what you are associated with.
2. Select the Grade Range.
3. Select the County of Residence
4. Select the Enrollment Open as of Date.
5. Click on Run Report.

For additional information on the report, click on the .

Students with Active Exemptions

CT WiZ CT DPH CLINIC, CT DPH CLINIC PATIENT SEARCH

Students with Active Exemptions

Enter the selection criteria and click the 'Run Report' button. 

Report Selection Criteria

School District *
SOUTH WINDSOR SCHOOL DISTRICT

School *
ORCHARD HILL SCHOOL

Exemption Reason
(ALL)

Report Type
 Statistical Summary
 Student View

Grade Range
From **K** Through **6**

*Students without a grade level assigned are not included in the report.

Vaccine Groups Available

- CHOLERA
- H1N1-09
- HEP A
- HEP B
- HIB
- HPV
- INFLUENZA
- JAPANESE ENCEPHALITIS
- MENINGOCOCCAL
- MENINGOCOCCAL B
- MMR
- OTHER

Selected (If none are selected default is ALL)

- DTAP / TD / TDAP

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Begin Date Range
From Date **09/01/2018** To Date **01/16/2019**

Include Inactive?

Output Type PDF EXTRACT - Delimiter: **|**

Run Report **Cancel**

1. The School District and School default to what you are associated with.
2. Select the Exemption Reason.
3. Enter the Grade Range of your students.
4. Select the Vaccine Groups and click on the .
5. Click on Run Report.
6. Enter the Date Range.

For additional information on the report, click on the .

Patients with Precautions/Contraindications

CT WiZ  CT DPH CLINIC, CT DPH CLINIC  PATIENT SEARCH



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Patients with Precautions / Contraindications

Enter the selection criteria and click the 'Run Report' button. 

Report Selection Criteria

School District *
 SOUTH WINDSOR SCHOOL DISTRICT

School *
 ORCHARD HILL SCHOOL

Precautions / Contraindications

Available Items

PRIOR DT (SEVERE ALLERGY TO PREV I
 PRIOR DT/DTAP/DTP - COLLAPSE/SHOC
 PRIOR DT/DTAP/DTP - ENCEPHALOPATHY
 PRIOR DT/DTAP/DTP- T>=105F W/IN 2 D/HS
 PRIOR DT/DTAP/DTP-3+ HRS CRYING IN
 PRIOR DT/DTAP/DTP-GUILLAIN-BARRE I
 PRIOR DT/DTAP/DTP-SEIZURES W/IN 3 D/HS
 PRIOR DTP/DTAP (SEVERE ALLERGY TO PREV)
 PRIOR FLU (SEVERE ALLERGY TO PREV)
 PRIOR HAV (SEVERE ALLERGY TO PREV)

Selected Items

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Effective Date Range
From Date *  **To Date *** 

Output Type PDF EXTRACT - Delimiter:

Run Report **Cancel**

1. The School District and School default to what you are associated with.
2. Select the Precautions/ Contraindications then click on .
3. Enter the Effective Date Range.
4. Click on Run Report.

For additional information on the report, click on the .