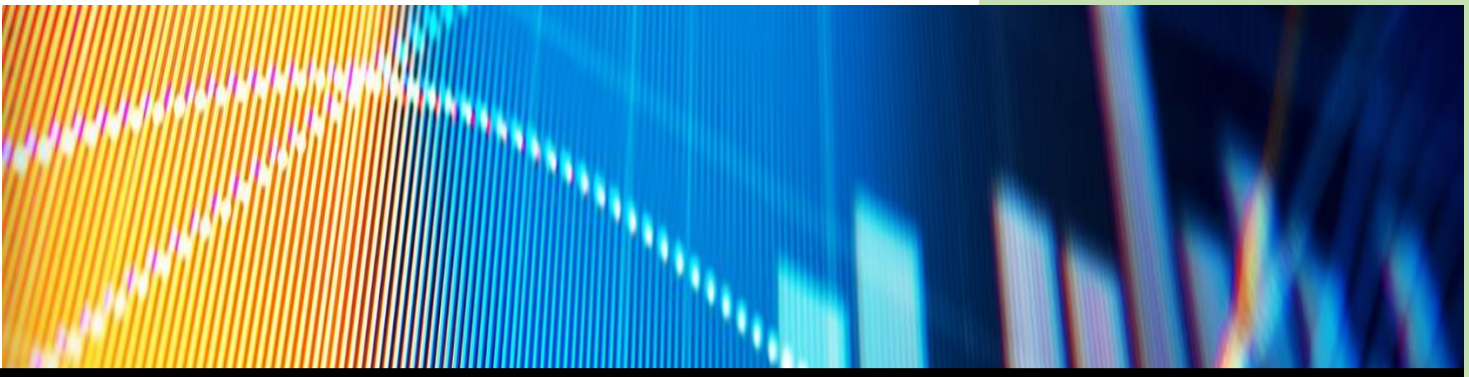
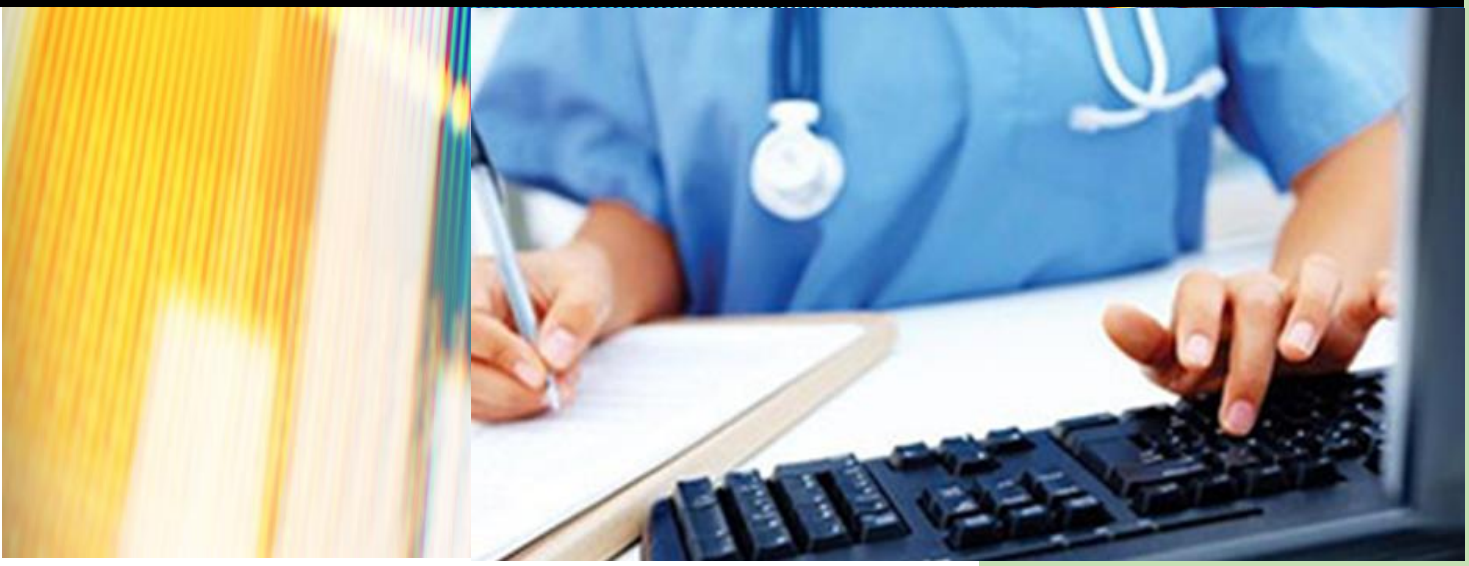


School-based Asthma Surveillance System (SBASS). Electronic Reporting Procedures



Connecticut Department of Public Health
Asthma Program
410 Capitol Avenue, MS#11ASV
P.O. Box 340308.
Hartford, CT 06134

Revised 5/2025

MEDICAL
MEDICAL

$800.00
$600.00
$400.00
$200.00
$-
Gold
Silver
Steel
Manganese
Chrome
Wood
Fur
Sateen
Silk
Oil
Gold
Platinum
Silver
Copper
Steel
Beryllium
Textiles

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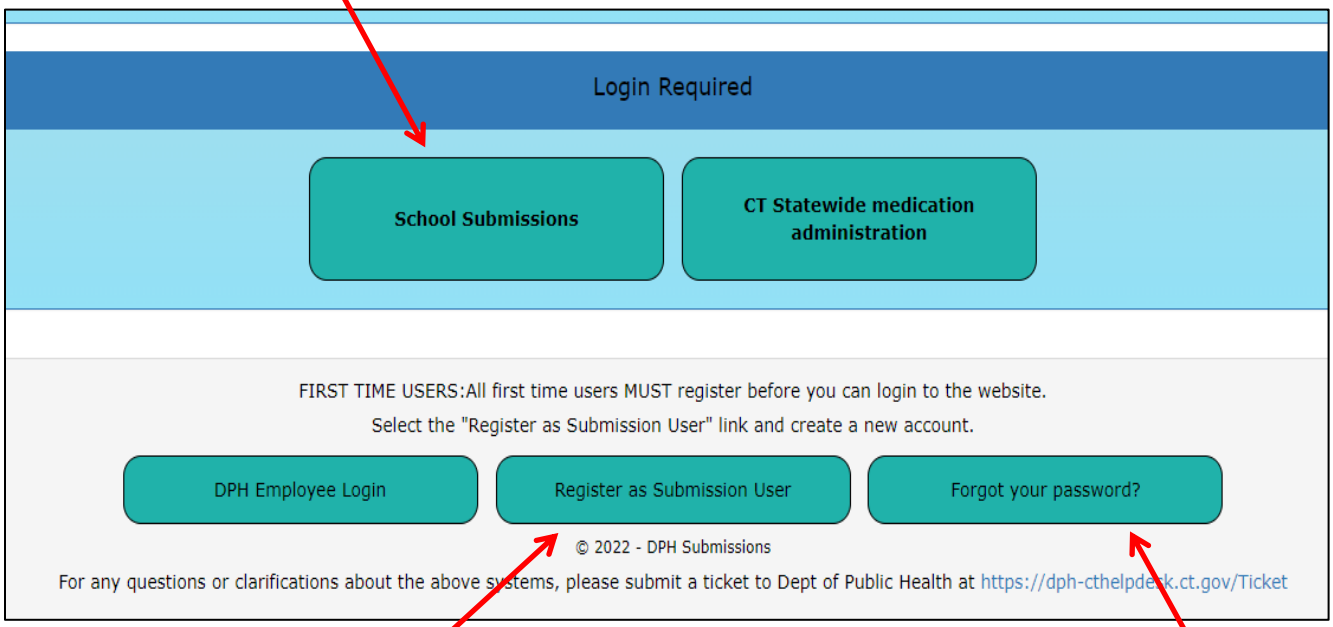
00101
11001

I. Registration/Login Screen

The DPH Submissions System is the main page used by facilities to report cases to the DPH electronic reporting system. It is located at https://dphsubmissions.ct.gov/. The login page is divided into two main sections: "No Login Required" and "Login Required". The login page also is where a facility administrator or supervisor registers for an account and where users can reset their password.

The school-based Asthma Surveillance System (SBASS) is an application that requires login credentials.

Users with an assigned account can click on the **School Submissions** button to login and start a SBASS session.



School nurse supervisors seeking to register for an account must click on the Register as Submission User button and follow steps of the school nurse supervisor account registration process.

For password reset click on button Forgot your password? and follow the instructions on the screen (see Forgot Password section).

II. Account Registration

The Connecticut Department of Public Health (DPH) Submission System, an electronic reporting web-based platform, uses a two-step account registration and verification system to process facility administrator account requests. In turn, administrators can setup additional user accounts for their corresponding facility. This process is applicable to any facility that is required to submit required reports to the DPH using its electronic submissions system. Following the registration process set up by the system and for purposes of the School-based Asthma Reporting System (SBASS), school district nurse supervisors and school nurses from private schools are considered as administrators and will be granted Supervisor accounts.

In collaboration with the State Department of Education, DPH is streamlining the verification process for school district nurse supervisors and school nurses from private schools requesting an account in the submission system (see School District Nurse Supervisor Account Registration section). A DPH staff member will verify registrations and grant access rights with a supervisor account type. In turn, supervisor account holders will setup school nurse accounts (see School Nurse Account Registration section) for each school within their corresponding school district. School district nurse supervisors, school nurses from private schools and their type of account will be referred as 'supervisor' throughout the rest of this document.

A. Account Types & Roles

Each SBASS account is granted access rights for a specific 'type' of account. The type of account provides roles a user will be exercising. In addition to the features a school nurse account can exercise, supervisor accounts have features related to users, schools and district reporting management.

1. School Nurse

One the Home tab, individual asthma cases can be reported and edited, and school(s) reporting progress can be monitored and updated.

2. School Nurse Supervisor

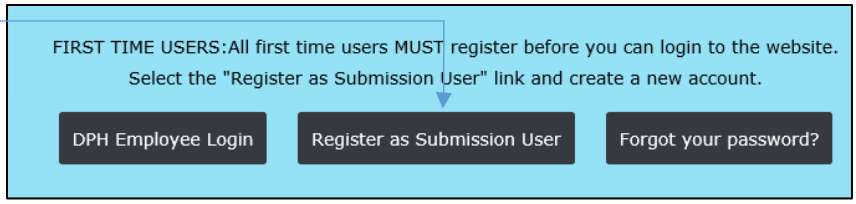
This type of account exercises the role of supervisor, with access to all public schools and records for the corresponding district the account is assigned to. In addition to the tab and activities of a school nurse account, a supervisor account can update school reporting progress, approve school reporting completion for schools under the district, and has access to the Maintenance tab. The maintenance tab enables managing activities, such as creating and editing user accounts and editing school record information.

B. School District Nurse Supervisor Account Registration

The following are steps describing how to request a Supervisor account type. This type of account is applicable to School District Nurse Supervisors or School District Health Service Directors.

From the main page of CT DPH Submissions System https://dphsubmissions.ct.gov/:

Click on the “Register as Submission User” button

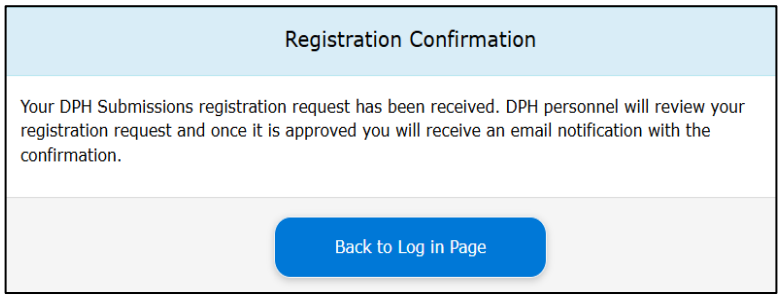


Fill out all applicable fields

Select School Submission under Application Name

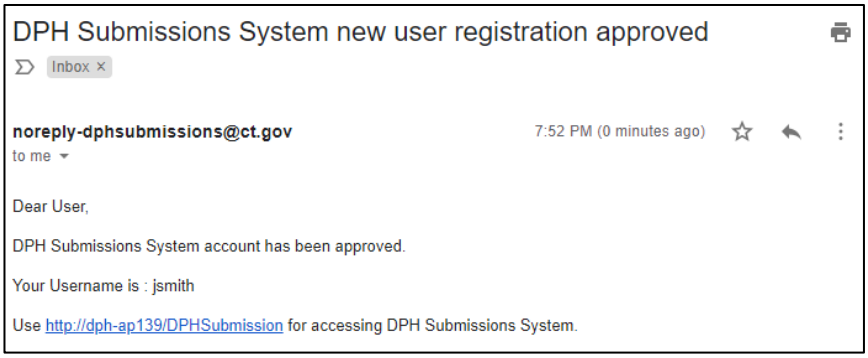
Click on Register

System will generate a confirmation page that the request has been submitted for approval.



A DPH staff member will verify account requests.

When an account is activated, the system will generate an e-mail notifying user that the account is active. It is important that email address entered in the registration form is the correct one.



For technical support, contact the SBASS application administrator at DPH.AsthmaProgram@ct.gov or submit a Helpdesk ticket (see page 22 for instructions).

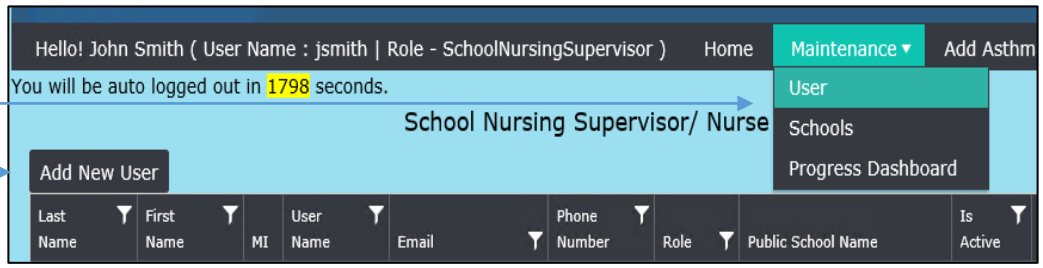
C. School Nurse Account Registration

A supervisor can set up additional supervisor and school nurse accounts. It is suggested that each school district has at least two supervisor accounts to help manage school reporting progress and as a backup to the person primarily responsible for verifying reporting completion. The steps to create additional supervisor and school nurse accounts are essentially the same; the difference being the "User Type" with which the account will be associated.

The process of creating additional accounts, supervisor or nurse, is presented in the steps below. The form does not collect password information. Password is user-established by following the link embedded in an email message the user will receive after the account is created by the supervisor.

Hover mouse over Maintenance from the menu bar, and select User

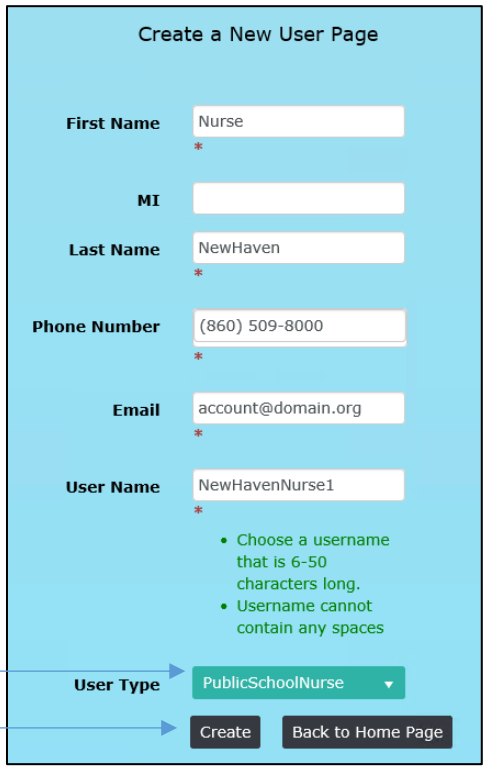
Click on Add New User



Enter information info fields and assign a username.

Select the type of account for the new user

Click on Create



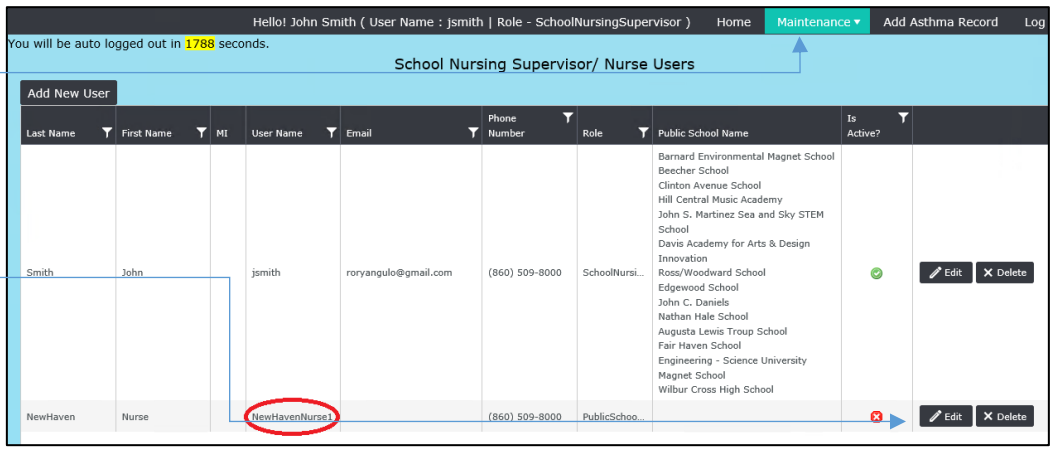
After an account has been created, whether it is a supervisor or school nurse account, it needs to be associated with school(s) in the district. Follow School-Account Linkage instructions to complete account setting.

D. School-Account Linkage

Each account needs to be associated with the school(s) for which the account will oversee reporting or managing.

Click on Maintenance, Users.

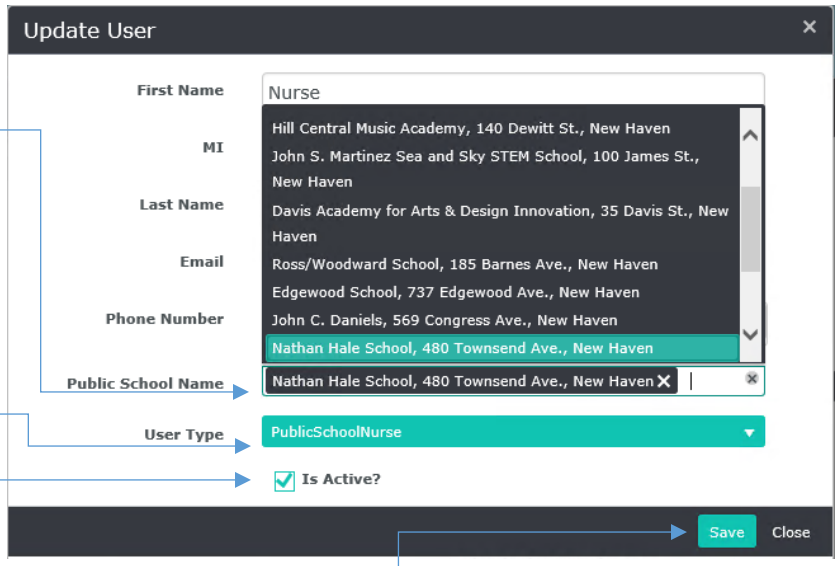
Locate the new user account and click on Edit.



Click on the School Name field, type or select the school name(s) this account will be accountable for reporting/managing.

Verify User Type is PublicSchoolNurse or SchoolNursingSupervisor and the checkbox for "Is Active?" is selected.

Click Save. System will display the user's page.

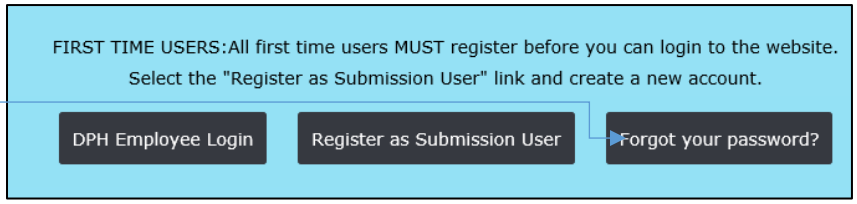


When setting up additional <u>supervisor</u> accounts, type/select **<u>all</u>** schools under the School Name field, select "SchoolNursingSupervisor" under User Type field, check the "Is Active?" checkbox and save.

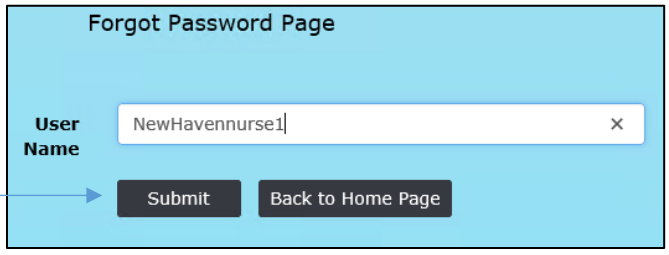
III. Forgot Password

Account holders can reset their own their password.

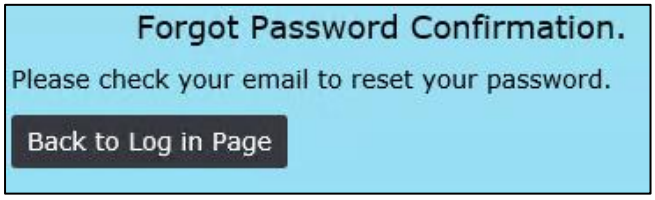
From the Submissions System main page, click on "Forgot your password?" button



Enter your username and click the "Submit" button



The system will generate an e-mail message with a link to reset password.



IV. Definitions of Key Terms

Term	Definition	Page/Tab	Visible by account type(s)
Reporting Status	Refers to the level of progress on asthma reporting for the school. The available options are: • **Not Started** – No records have been reported for the school. • **In Progress** – Some but not all reports have been entered. • **Completed** – School has completed reporting for the year. This includes schools reporting no asthma cases.	Home	School nurse Supervisor
Approval Status	Refers to school's reporting completion and verification by supervisor. A supervisor can manage or take action accordingly. The calculated options are: • **Not Ready** – school reporting progress is either 'Not Started' or 'In Progress', thus is not ready for supervisor's approval of reporting completion. • **Pending** – school has completed asthma reporting. School is pending supervisor's approval of reporting completion. • **Approved** – school has completed asthma reporting and school nurse supervisor has approved school reporting completion.	Maintenance/ Progress Dashboard	Supervisor
Is Active	Refers to the account approval status by supervisor. The options are: • – Account is not active. The account is restricted and user cannot log in. Supervisor can manage (add/delete) school(s) and approve the account. • – Account has been approved. Account can access assigned school(s) and is active. Account user can log in and perform all tasks given by the account type.	Maintenance/ User	Supervisor

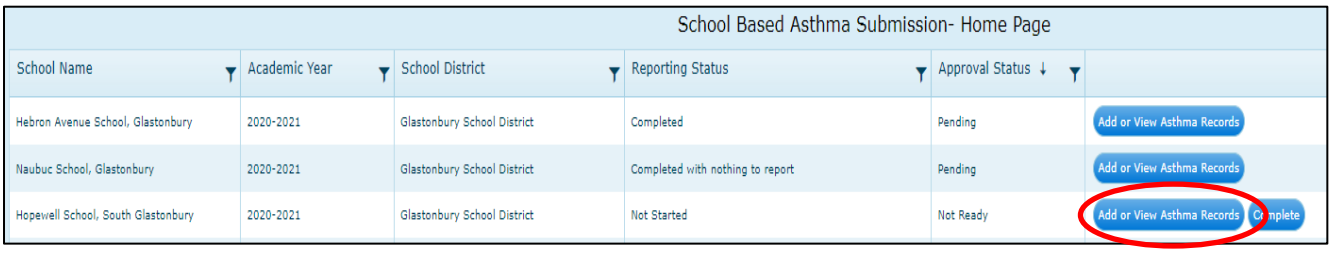
V. Managing Asthma Records

Managing asthma records includes adding, viewing and editing a record. This feature is available for both school nurse and supervisor accounts.

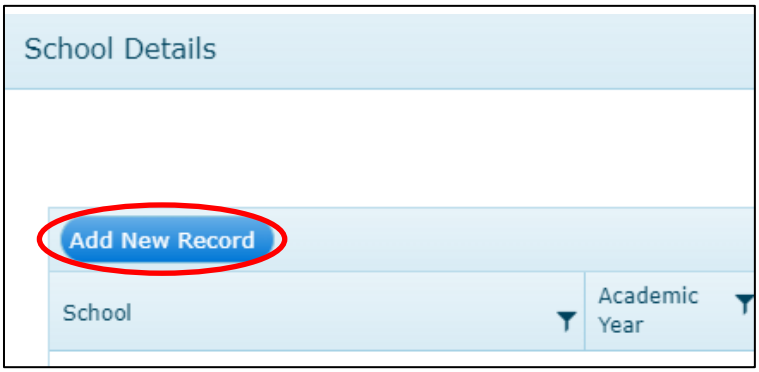
Appendix A shows the Health Assessment Record (HAR-3 rev 7/2018) with highlighted fields where the corresponding information can be extracted for SBASS reporting purposes.

A. Adding an Asthma Record

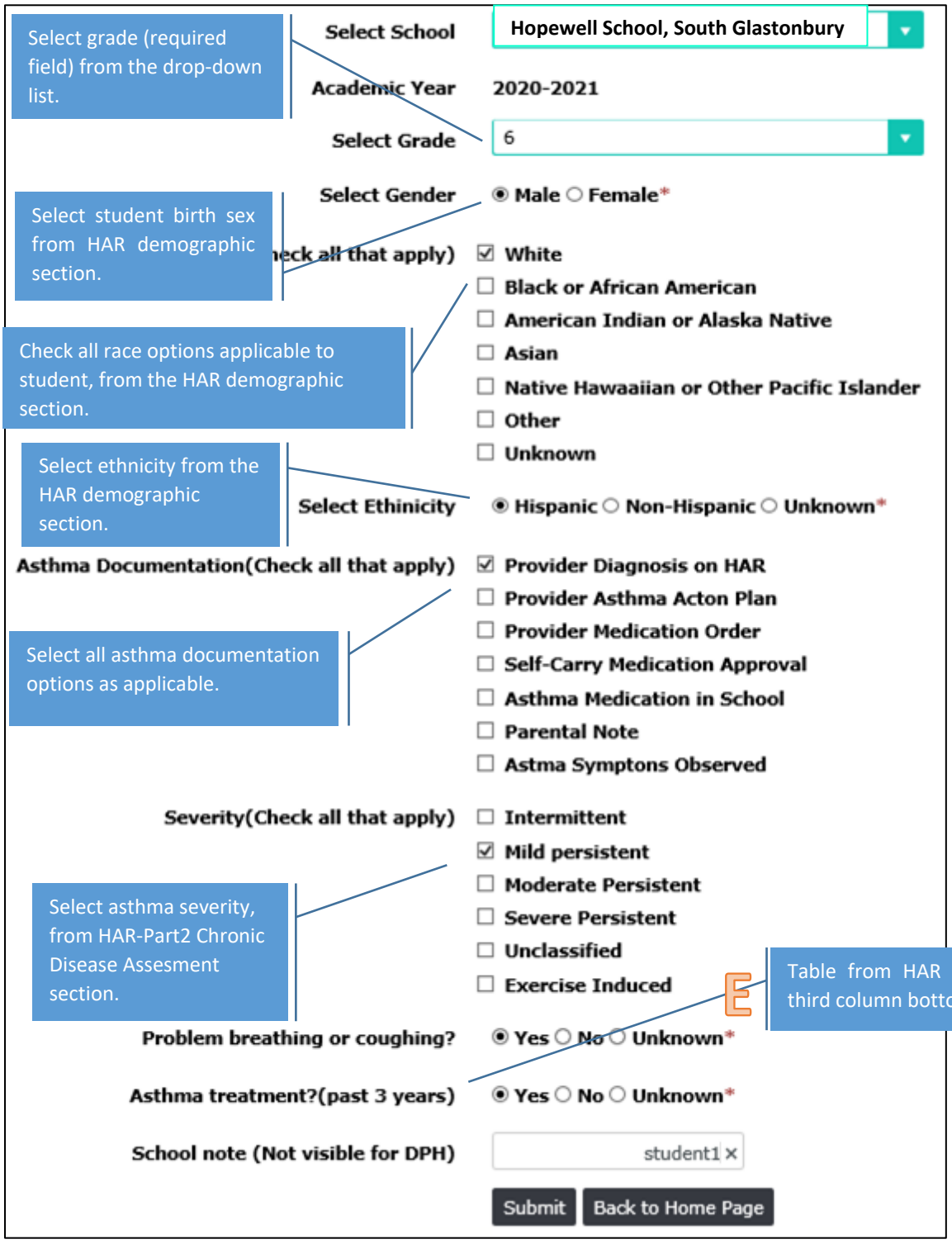
From the Home screen, select the school for which you are entering a record, and click on 'Add or View Records'.



Once the school-specific screen opens, click on 'Add New Record'.



Complete all fields in the case report. Lettered comments are hyperlinks to the HAR field form where information can be found.



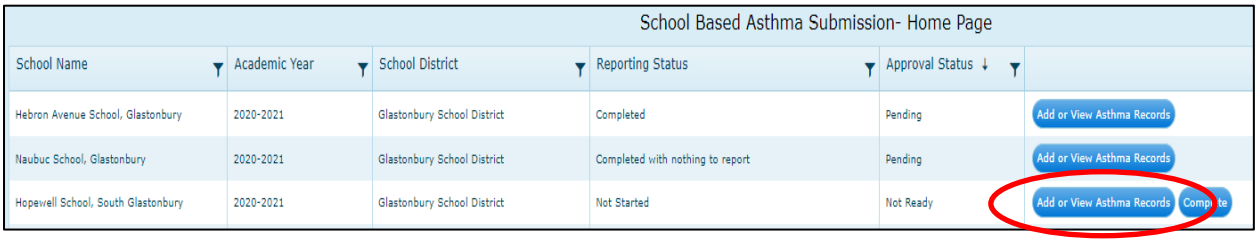
Click the Submit button to record the case

The school note field is a free text field that is visible only to school nurse and supervisor accounts. This field is not utilized by DPH; rather it can be used by schools to make record notations that can help track reported students and prevent double reporting or some other remarks.

After clicking on the Submit button, a screen will display a confirmation that record is saved.

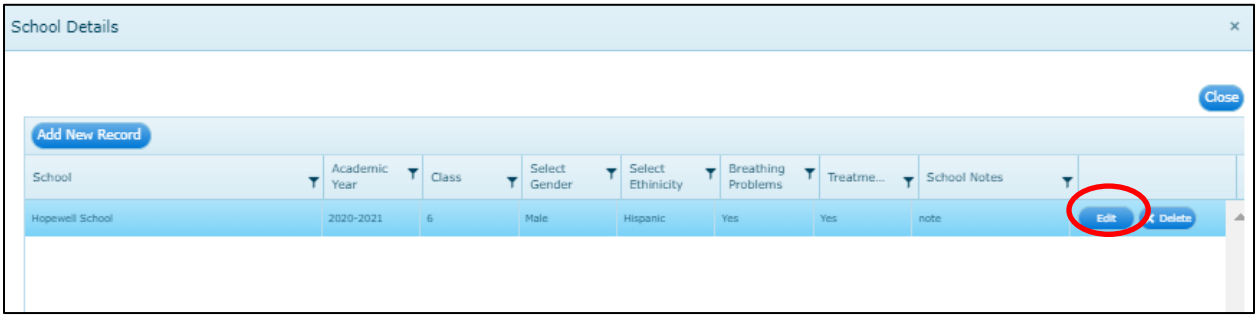
B. View and Edit Records

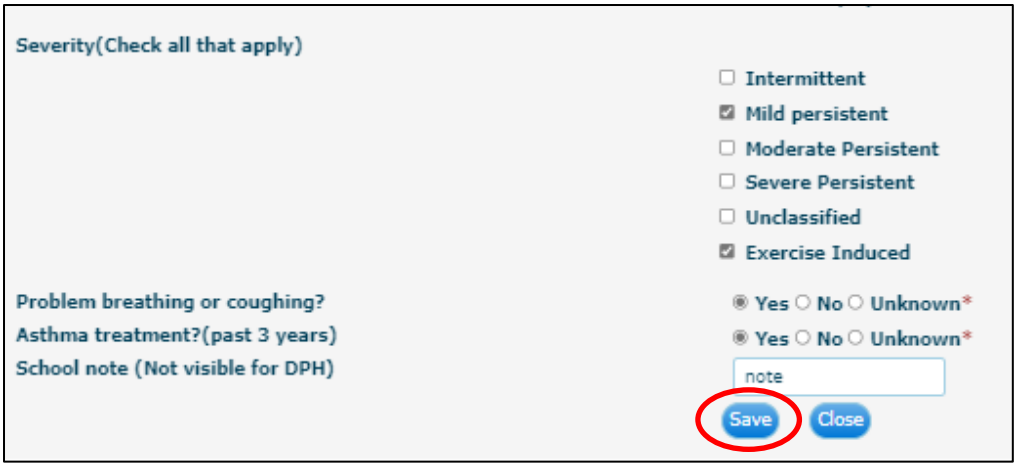
From the Home tab click the 'Add or View' button of the corresponding school



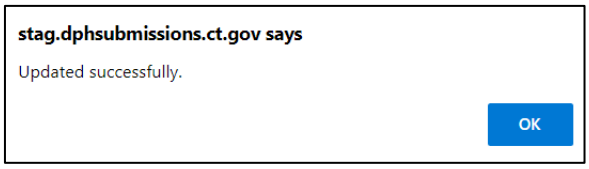
Screen will display all records that have been recorded for the school.

Select a record to view/modify by clicking on the corresponding Edit button





Screen will open the selected record for viewing/editing. Make any changes to the record and Click the Save button. If no changes, click the Close button.



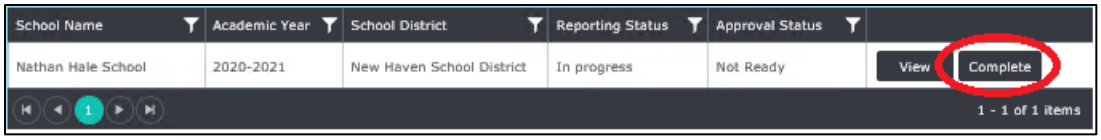
After clicking on the Save button, screen will display a confirmation that record is saved.

VI. Managing School Reporting Status

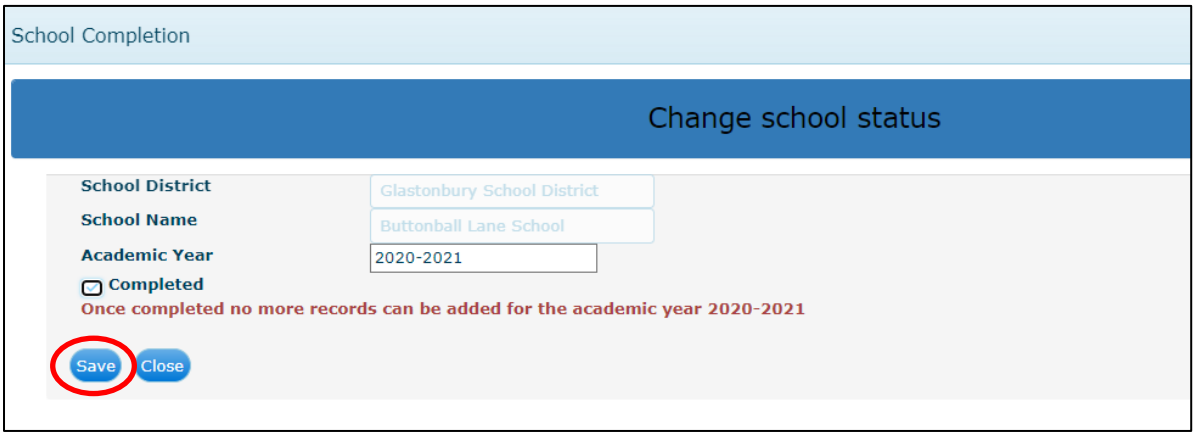
This feature is available for both school nurse and supervisor accounts. The Reporting Status column provides information on the school reporting progress. Refer to the Definition of Key Terms section to note the reporting status.

Once a school has determined that all required reports have been entered into the system, or that there are no cases to report, a user can set the reporting status to “complete”.

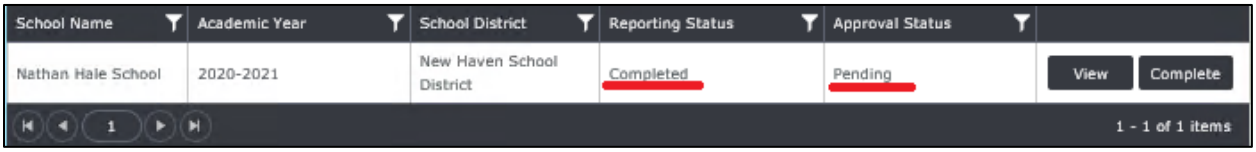
Click on the Complete button for the corresponding school



Screen will display a confirmation page. Click Completed to confirm reporting completion. Note that schools with a reporting status of Complete cannot add additional records. However, if additional records need to be reported, contact your supervisor to request school reporting status change. Once Completed is checked, click Save.



After submitting confirmation, the system will display school with updated values for Reporting Status and Approval Status columns. A Pending Approval Status indicates that school is ready for final approval by supervisor of having completed reporting.

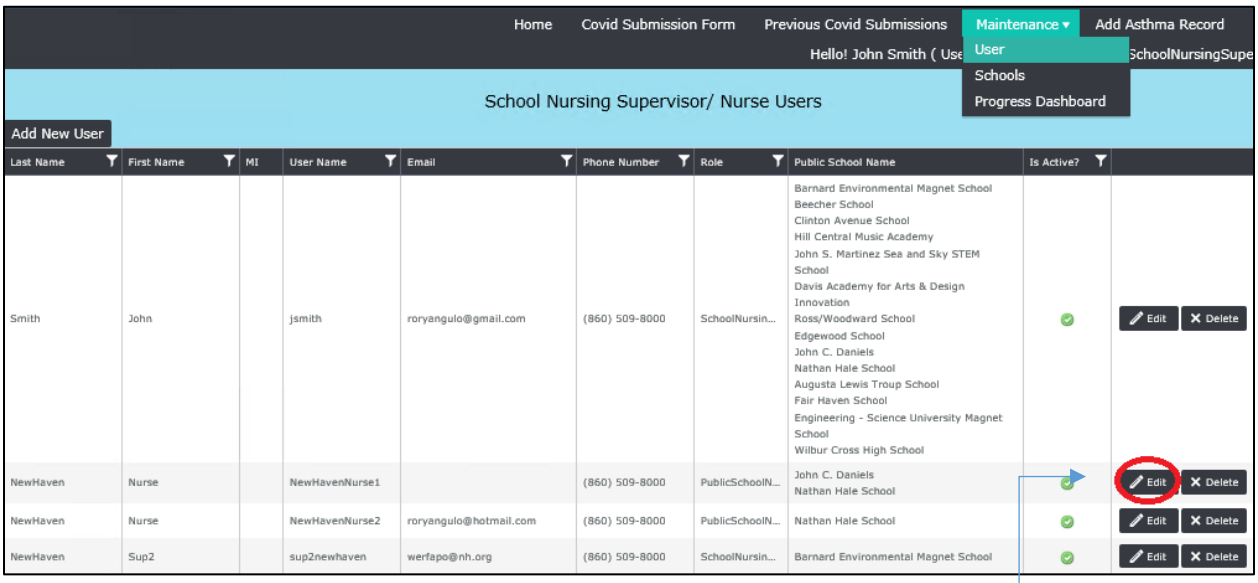


VII. Managing Users

This feature is available for supervisor accounts. It allows supervisors to edit accounts, update user information, add/remove schools from a user account, deactivate and delete accounts.

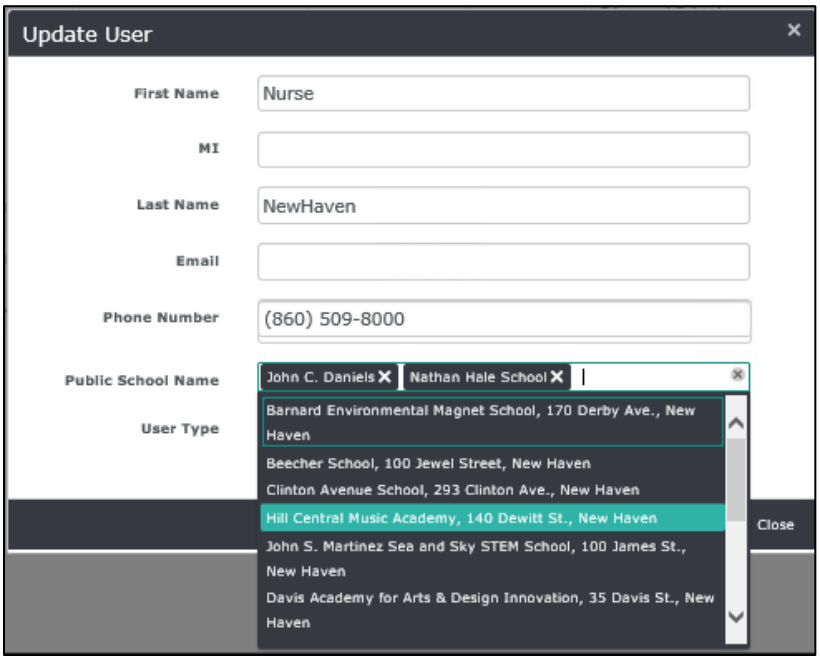
Click on the Maintenance tab and select Users.

Screen will display all user accounts setup by supervisor and associated with the school district.

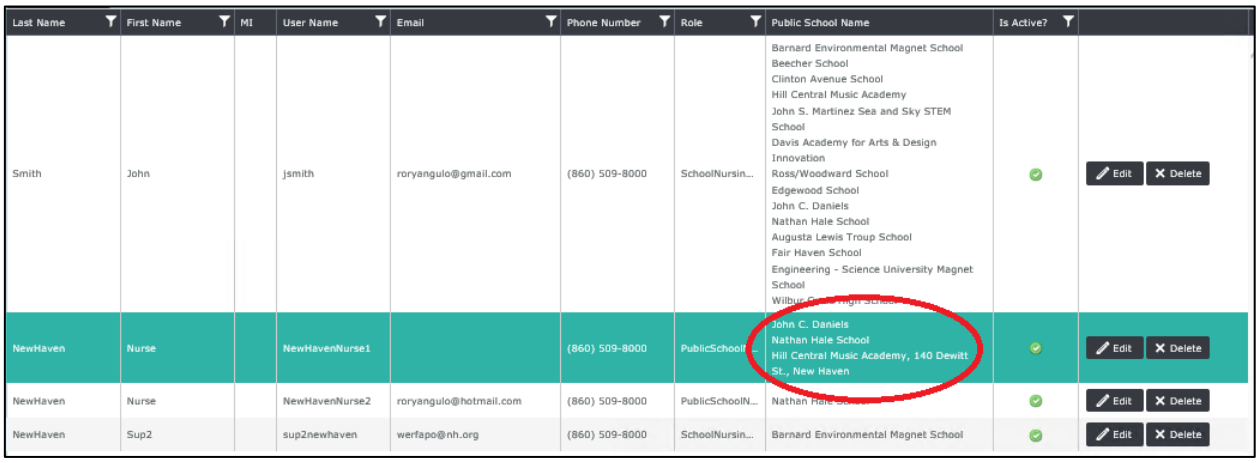


Click on the Edit button of corresponding user account

Screen will display user account information where changes can be made. To add school to the account place cursor on the Public School Name field and select/type school name. To delete schools from the account click on the 'x' next to the school name. To deactivate account unselect 'Is Active?' checkbox. Click on Save to submit changes.



System will display the User screen and any changes made to the user account will be reflected.

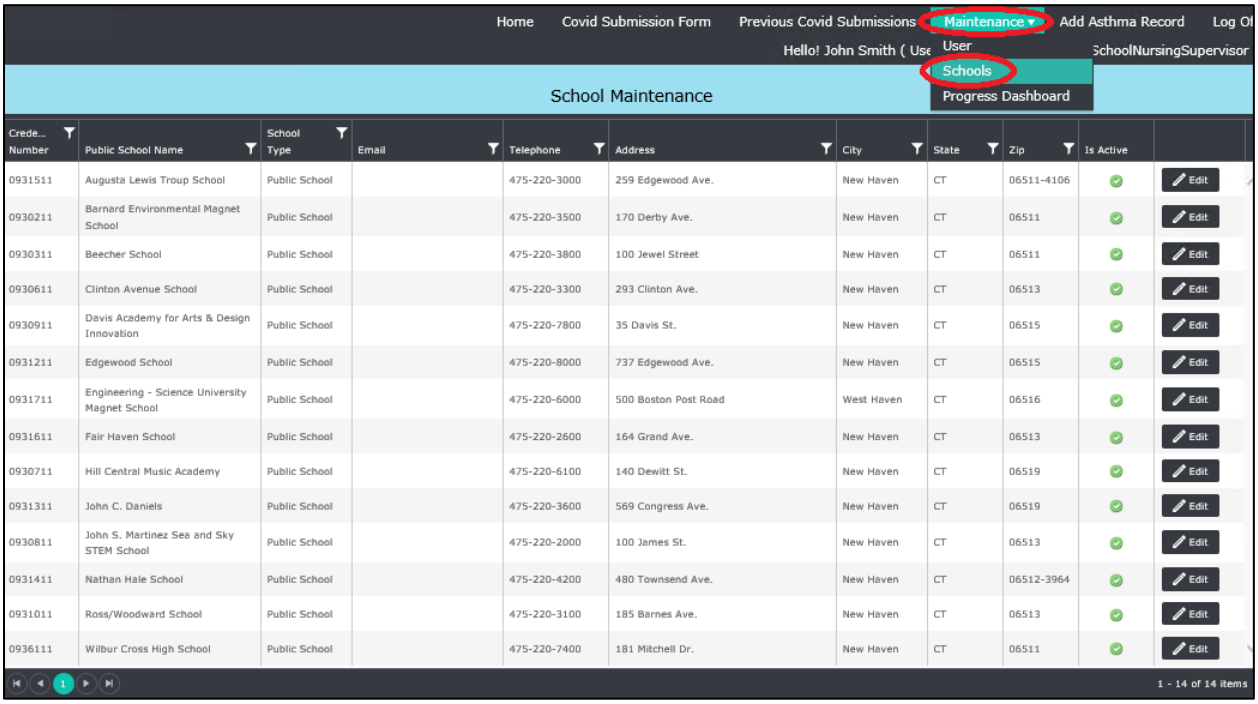


Last Name	First Name	MI	User Name	Email	Phone Number	Role	Public School Name	Is Active?	
Smith	John		jsmith	roryangulo@gmail.com	(860) 509-8000	SchoolNursin...	Barnard Environmental Magnet School Beecher School Clinton Avenue School Hill Central Music Academy John S. Martinez Sea and Sky STEM School Davis Academy for Arts & Design Innovation Ross/Woodward School Edgewood School John C. Daniels Nathan Hale School Augusta Lewis Troup School Fair Haven School Engineering - Science University Magnet School Wilbur Cross High School	✓	Edit Delete
NewHaven	Nurse		NewHavenNurse1		(860) 509-8000	PublicSchoolN...	John C. Daniels Nathan Hale School Hill Central Music Academy, 140 Dewitt St., New Haven	✓	Edit Delete
NewHaven	Nurse		NewHavenNurse2	roryangulo@hotmail.com	(860) 509-8000	PublicSchoolN...	Nathan Hale School	✓	Edit Delete
NewHaven	Sup2		sup2newhaven	werfapo@nh.org	(860) 509-8000	SchoolNursin...	Barnard Environmental Magnet School	✓	Edit Delete

VIII. Managing Schools

This feature is available for supervisor accounts. It allows supervisors to update limited school information.

Select Maintenance, select schools



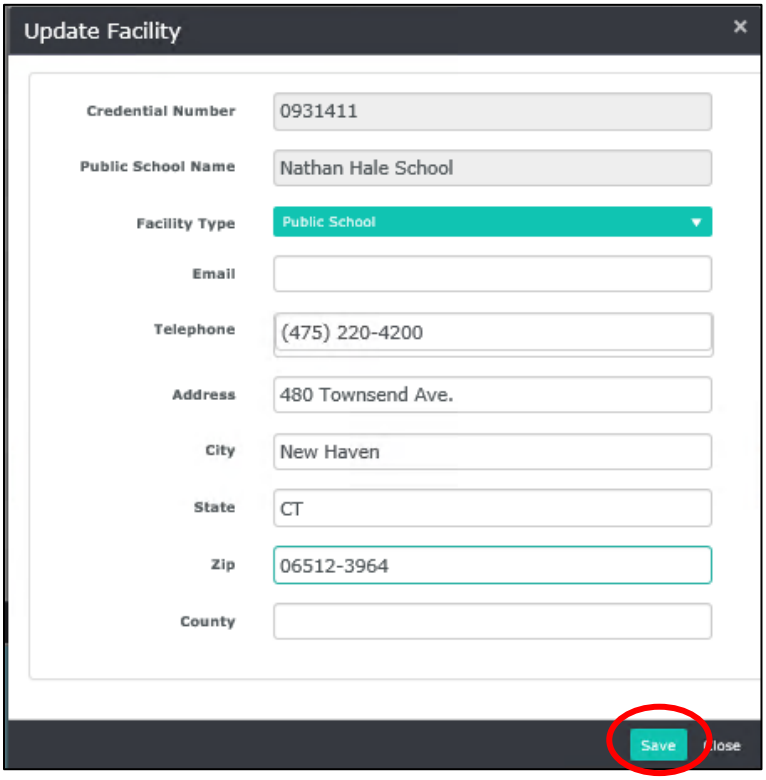
Crede... Number	Public School Name	School Type	Email	Telephone	Address	City	State	Zip	Is Active	
0931511	Augusta Lewis Troup School	Public School		475-220-3000	259 Edgewood Ave.	New Haven	CT	06511-4106	✓	Edit
0930211	Barnard Environmental Magnet School	Public School		475-220-3500	170 Derby Ave.	New Haven	CT	06511	✓	Edit
0930311	Beecher School	Public School		475-220-3800	100 Jewel Street	New Haven	CT	06511	✓	Edit
0930611	Clinton Avenue School	Public School		475-220-3300	293 Clinton Ave.	New Haven	CT	06513	✓	Edit
0930911	Davis Academy for Arts & Design Innovation	Public School		475-220-7800	35 Davis St.	New Haven	CT	06515	✓	Edit
0931211	Edgewood School	Public School		475-220-8000	737 Edgewood Ave.	New Haven	CT	06515	✓	Edit
0931711	Engineering - Science University Magnet School	Public School		475-220-6000	500 Boston Post Road	West Haven	CT	06516	✓	Edit
0931611	Fair Haven School	Public School		475-220-2600	164 Grand Ave.	New Haven	CT	06513	✓	Edit
0930711	Hill Central Music Academy	Public School		475-220-6100	140 Dewitt St.	New Haven	CT	06519	✓	Edit
0931311	John C. Daniels	Public School		475-220-3600	569 Congress Ave.	New Haven	CT	06519	✓	Edit
0930811	John S. Martinez Sea and Sky STEM School	Public School		475-220-2000	100 James St.	New Haven	CT	06513	✓	Edit
0931411	Nathan Hale School	Public School		475-220-4200	480 Townsend Ave.	New Haven	CT	06512-3964	✓	Edit
0931011	Ross/Woodward School	Public School		475-220-3100	185 Barnes Ave.	New Haven	CT	06513	✓	Edit
0936111	Wilbur Cross High School	Public School		475-220-7400	181 Mitchell Dr.	New Haven	CT	06511	✓	Edit

1 - 14 of 14 items

Click on the Edit button corresponding to the school to update information

0930811	John S. Martinez Sea and Sky STEM School	Public School		475-220-2000	100 James St.	New Haven	CT	06513		Edit
0931411	Nathan Hale School	Public School		475-220-4200	480 Townsend Ave.	New Haven	CT	06512-3964		Edit
0931011	Ross/Woodward School	Public School		475-220-3100	185 Barnes Ave.	New Haven	CT	06513		Edit

Update fields that require changes and click save.



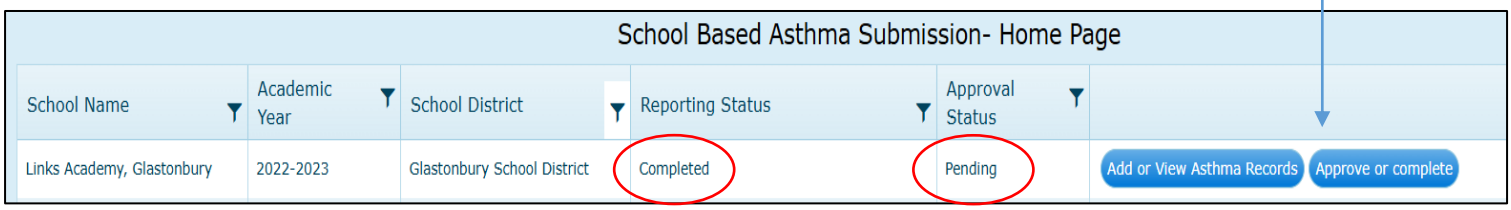
Screen will display School Maintenance page with updated fields.

IX. Approve School Completion

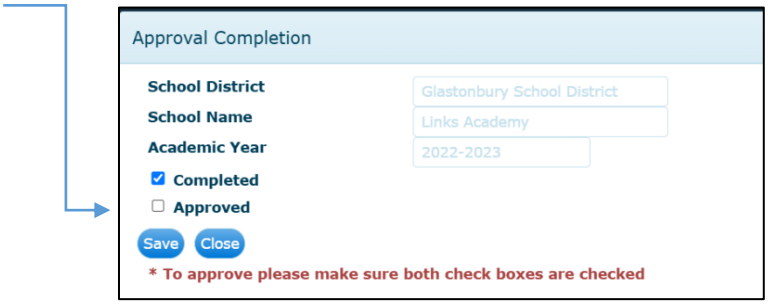
This feature is available for supervisor accounts. It allows supervisor to approve schools that have completed reporting. If the school needs to be unlocked to report additional cases, Supervisors can reverse reporting status to 'In Progress'. If school needs to be unlocked after it has been Approved by a supervisor, contact the SBASS application administrator via email at DPH.AsthmaProgram@ct.gov, or submit a Helpdesk ticket (see page 22 for instructions).

Supervisor Approval Status may be edited directly from the Home Screen. Once a supervisor logs in, the screen will display all schools for the district. Only schools that have Reporting Status 'Completed' and Supervisor Approval Status 'Pending' are subject to supervisor approval.

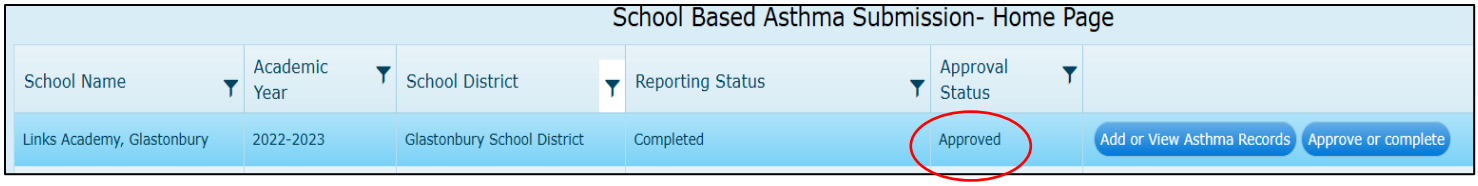
Click "Approve or complete" for the school ready for supervisor approval.



Schools with Reporting Status 'Completed' have the Completed checkbox already selected. To approve the reporting completion, select the Approved checkbox and click Save.



Screen will now show that the school's reporting has been approved.

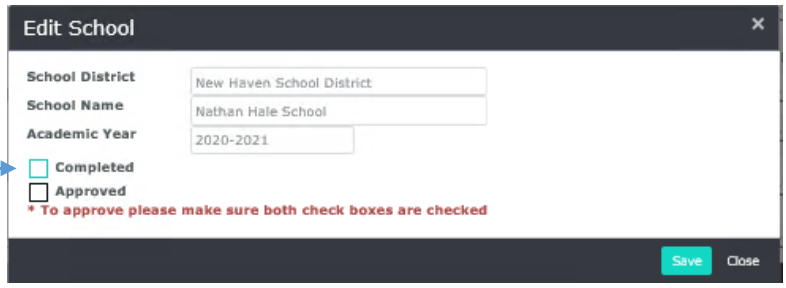


Once a school with a Reporting Status of 'Completed' has a Supervisor Approval Status of Approved, the school is not subject to any modifications and the Edit button becomes

unavailable. If a school needs to be unlocked at this point, contact the DPH SBASS application administrator.

If a school needs to be unlocked to report additional cases after it has been marked as 'Completed', but before it has been approved, the school can be unlocked to reverse reporting status to 'In Progress'.

To unlock schools with Reporting Status 'Completed', deselect the Completed checkbox and click Save.



For technical support, contact the SBASS application administrator at DPH.AsthmaProgram@ct.gov or submit a HelpDesk ticket (see page 22 for instructions).

APPENDIX A. Health Assessment Record

State of Connecticut Department of Education

Health Assessment Record

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	❑ Male ❑ Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity ❑ American Indian/ Alaskan Native ❑ Hispanic/Latino ❑ Black, not of Hispanic origin ❑ White, not of Hispanic origin ❑ Asian/Pacific Islander ❑ Other	
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		

Does your child have health insurance? Y N
Does your child have dental insurance? Y N

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part 1 — To be completed by parent/guardian.
Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____ Date

HAR-3 REV. 7/2018

To be maintained in the student's Cumulative School Health Record

HAR-3 REV. 7/2018

Part 2 — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

❑ I have reviewed the health history information provided in Part 1 of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

***Height**_____in. /_____% ***Weight**_____lbs. /_____% **BMI**_____/_____% **Pulse** _____ ***Blood Pressure**_____/ _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen					
Genitalia/ hernia					
Skin					

***Postural** ❑ No spinal abnormality ❑ Spine abnormality: ❑ Mild ❑ Moderate ❑ Marked ❑ Referral made

Screenings

***Vision Screening**			***Auditory Screening**			History of Lead level ≥ 5µg/dL ❑ No ❑ Yes	Date
Type:	Right	Left	Type:	Right	Left		
With glasses	20/	20/		❑ Pass	❑ Pass	***HCT/HGB:**	
Without glasses	20/	20/		❑ Fail	❑ Fail	***Speech** (school entry only)	
❑ Referral made			❑ Referral made			Other:	

TB: High-risk group? ❑ No ❑ Yes PPD date read: Results: Treatment:

*IMMUNIZATIONS

❑ Up to Date or ❑ Catch-up Schedule: MUST HAVE IMMUNIZATION RECORD ATTACHED

D

***Chronic Disease Assessment:**

Asthma ❑ No ❑ Yes: ❑ Intermittent ❑ Mild Persistent ❑ Moderate Persistent ❑ Severe Persistent ❑ Exercise induced
*If yes, please provide a copy of the **Asthma Action Plan** to School*

Anaphylaxis Allergies ❑ No ❑ Yes: ❑ Food ❑ Insects ❑ Latex ❑ Unknown source
*If yes, please provide a copy of the **Emergency Allergy Plan** to School*
History of Anaphylaxis ❑ No ❑ Yes Epi Pen required ❑ No ❑ Yes

Diabetes ❑ No ❑ Yes: ❑ Type I ❑ Type II **Other Chronic Disease:**

Seizures ❑ No ❑ Yes, type:

❑ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
Explain: _____
Daily Medications (*specify*): _____

This student may: ❑ **participate fully in the school program**
❑ participate in the school program with the following restriction/adaptation: _____

This student may: ❑ **participate fully in athletic activities and competitive sports**
❑ participate in athletic activities and competitive sports with the following restriction/adaptation: _____

❑ Yes ❑ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
Is this the student's medical home? ❑ Yes ❑ No ❑ I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA Date Signed Printed/Stamped *Provider* Name and Phone Number

HAR-3 REV. 7/2018

Part 3 — Oral Health Assessment/Screening

Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	❑ Male ❑ Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination	**Visual Screening**	**Normal**	**Referral Made:**
Completed by: ❑ Dentist	Completed by: ❑ MD/DO ❑ APRN ❑ PA ❑ Dental Hygienist	❑ Yes ❑ Abnormal (Describe) _____ _____ _____ _____ _____	❑ Yes ❑ No
Risk Assessment	**Describe Risk Factors**		
❑ Low ❑ Moderate ❑ High	❑ Dental or orthodontic appliance ❑ Saliva ❑ Gingival condition ❑ Visible plaque ❑ Tooth demineralization ❑ Other _____		❑ Carious lesions ❑ Restorations ❑ Pain ❑ Swelling ❑ Trauma ❑ Other _____

Recommendation(s) by health care provider: _____

_____

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

_____

Signature of Parent/Guardian Date

Signature of health care provider DMD / DDS / MD / DO / APRN / PA/ RDH	Date Signed	Printed/Stamped *Provider* Name and Phone Number

Student Name: _____ **Birth Date:** _____ HAR-3 REV. 7/2018

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx of above _____ (Specify) _____ (Date) _____ (Confirmed by)

Exemption: Religious _____ **Medical:** Permanent _____ Temporary _____ **Date:** _____

Renew Date: _____ _____ _____ _____

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
Medical exemptions that are temporary in nature must be renewed annually.

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.*†
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

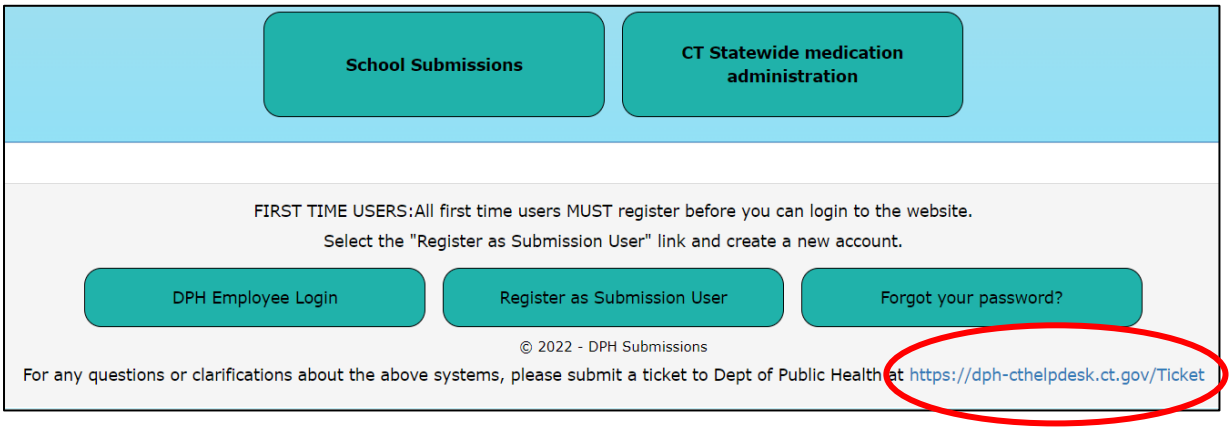
** **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

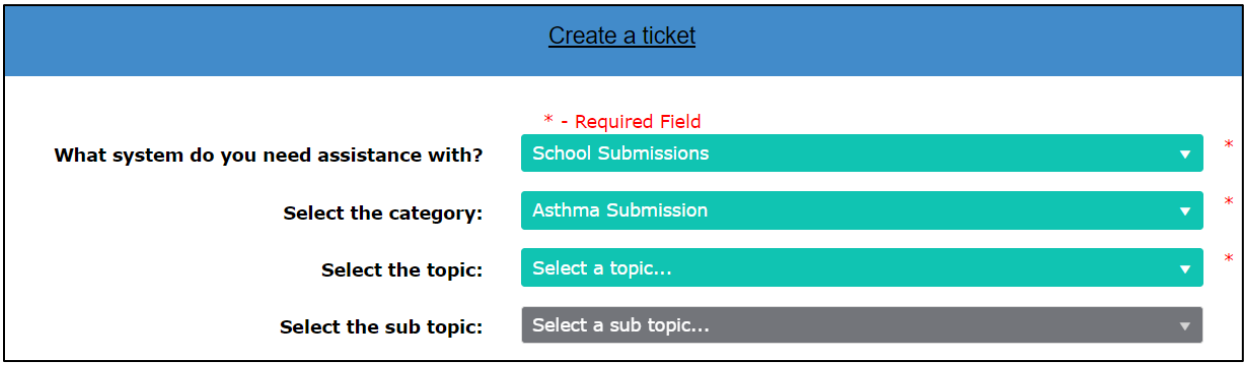
Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped *Provider* Name and Phone Number

APPENDIX B. Submitting a HelpDesk Ticket

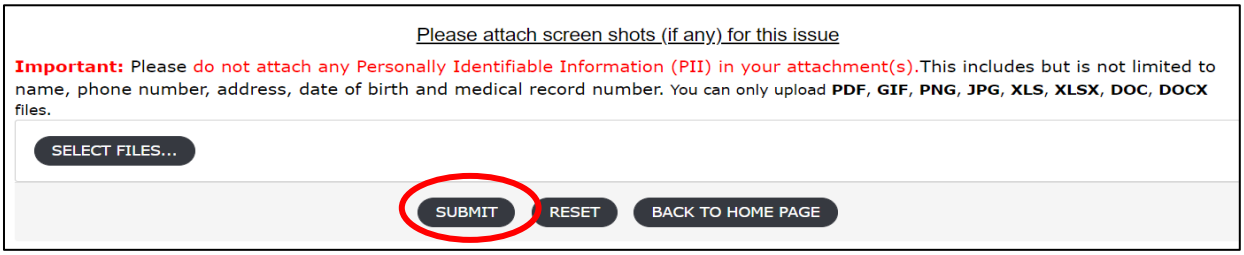
Helpdesk tickets may be submitted when assistance is needed with password resets or for any technical issues or questions. From the DPH Submissions System main page, scroll down to the bottom of the page to find the link for submitting a ticket.



After clicking on the link, you will arrive at the 'Create a ticket' screen. Complete all fields. Note that the top two fields should be set to 'School Submissions' and 'Asthma Submission' respectively.



Once all fields are completed, attach screen shots as needed to describe the issue. Click Submit.



A DPH staff member will review the ticket and assist with resolving the issue.