

No.		Value	UOM	Interface
1	School Region	TEXT		
2	School Name	TEXT		
3	Grade	Number Value		
4	Student Number	Number Value		
5	Student EID	Number Value		ADT
6	Register Date	Date		
7	DOB	Date		ADT
8	Age At Visit	Number Value		ADT
9	Gender	Female/Male		ADT
10	Nationality	TEXT		ADT
11	General consent available / signed	Multiple chose Yes / No		
12	Height	Number value	cm	ORU-VITALS
13	Waist Measurement	Number Value	cm	ORU-VITALS
14	Did the student have breakfast this morning	Yes/ NO		
15	Weight	Number Value	Kg	ORU-VITALS
16	BMI	Number Value		ORU-VITALS
17	Z score	Number Value	kg/m <sup>2</sup>	
18	Z Score Interpretation	Multiple choices		

according to the age	<b>BMI for ages 2 to less than 5 years old Z-score (SD)</b>	
	<b>Z score range</b>	<b>Interpretation</b>
	-2 to +1	Normal Weight
	<b>Above+1 to +2</b>	Overweight
	<b>Above +3</b>	Obese
	<b>Below -2 to -3</b>	Wasted
	<b>Below -2 to -3</b>	Severely Wasted
	<b>BMI for ages 5 to 19 years old Z-score (SD)</b>	
	<b>Z score range</b>	<b>Interpretation</b>
	-2 to +1	Normal Weight
	<b>Above +1 to +2</b>	Overweight
	<b>Above +2 to +3</b>	Obese
	<b>Above +3</b>	Sever Obesity
	<b>Below -2 to -3</b>	Thinness
	<b>below-3</b>	Severely Thinness
<b>BMI for 19 years and above Z-score (SD)</b>		

		<b>BMI range</b> <b>18.5 – 24.9</b> <b>25 – 29.9</b> <b>30 and above</b> <b>Below 18.5</b>	<b>Interpretation</b> Normal Weight Overweight Obese Underweight		
19	Systolic BP	Number Value or percentile as per age , gender, height score			ORU-VITALS
20	Diastolic BP	Number Value or percentile as per age , gender, height score			ORU-VITALS
21	Results Interpretation	Normal/Abnormal			
22	Color blindness	Normal/Abnormal			ORU-DIAGNOSTICS
23	Vision Testing Performed	Yes / No	If no Reason required		
24	Corrective Lenses	Multiple chose <ul style="list-style-type: none"> <li>• None</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Surgical correction</li> <li>• Other</li> </ul>	If other selected Reason is required		ORU-DIAGNOSTICS
25	Right eye	Multiple choices <ul style="list-style-type: none"> <li>• 6/3</li> <li>• 6/3.8</li> <li>• 6/4.8</li> <li>• 6/6</li> </ul>			ORU-DIAGNOSTICS

		<ul style="list-style-type: none"><li>• 6/7.5</li><li>• 6/9.5</li><li>• 6/12</li><li>• 6/15</li><li>• 6/19</li><li>• 6/24</li><li>• 6/30</li><li>• 6/38</li><li>• 6/48</li><li>• 6/60</li></ul>										
26	Left eye	Same above list		ORU-DIAGNOSTICS								
27	Right eye with Corrective lenses	Same above list		ORU-DIAGNOSTICS								
28	Left eye with Corrective lenses	Same above list		ORU-DIAGNOSTICS								
29	vision screening results	<div>Normal or abnormal</div> <table><thead><tr><th>Age Group</th><th>Abnormal Result</th></tr></thead><tbody><tr><td>3-5 years</td><td>Abnormal 6/15 or worse</td></tr><tr><td></td><td>one or more test line differences between the eyes.</td></tr><tr><td>For 6 years and above</td><td>Abnormal 6/12 or worse</td></tr></tbody></table>	Age Group	Abnormal Result	3-5 years	Abnormal 6/15 or worse		one or more test line differences between the eyes.	For 6 years and above	Abnormal 6/12 or worse		
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For 6 years and above	Abnormal 6/12 or worse											

		one or more test line differences between the eyes.		
<b>30</b>	Referral	YES/NO		
<b>31</b>	Referral to	TEXT	If applicable	
<b>32</b>	Chronic disease	TEXT		PPR