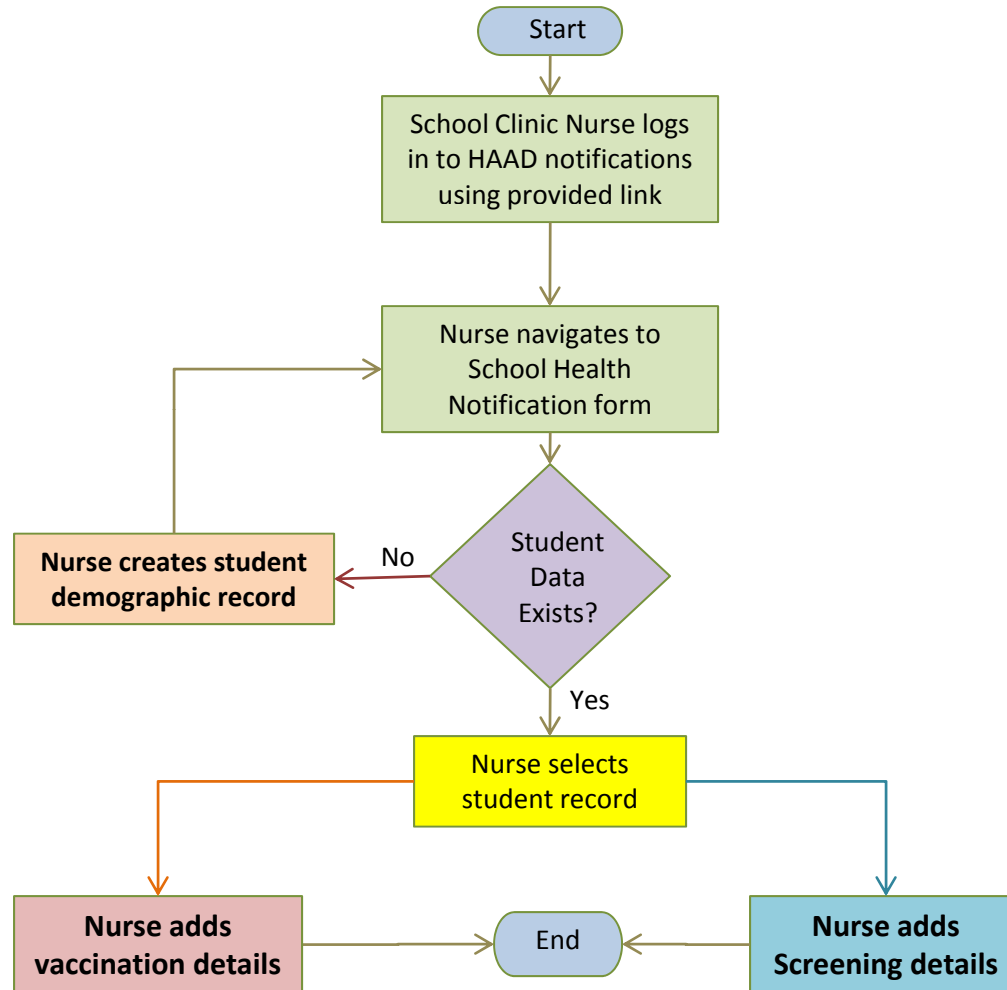




School Health Notification Process

School Health Notification Process Flow



School Health Login Process



<https://bpmweb.haad.ae/UserManagement/>

 **Health Authority - Abu Dhabi**
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Login Information


Username

Password

[Click here to register](#)
If you are new user?? request
[Forgot your password](#)

School Health Login – User Registration





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User Details

[Home](#) | [e-Services](#) | [e-Licensing](#) | [e-Insurance](#) | [User Management](#) | [IPC](#) | [My Profile](#) | [Sign Out](#) | Welcome,

User Data

Name in English	First Name <input type="text" value="either one"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Email	<input type="text"/>		<input type="text"/>
Status	<input type="text" value="Active"/>		
<input type="radio"/> Non-licensed Healthcare Entities			
<input type="radio"/> Licensed Healthcare Professional			
<i>If you have a HAAD License ID select this option</i>			
HAAD License #	<input type="text"/>		<input type="text"/>
	Health Facility / Organization name		<input type="text"/>
<input checked="" type="radio"/> Licensed Healthcare Entities			
<i>If you do not have a HAAD License ID select this option</i>			
Facility Type	<input type="text" value="Hospital"/>	Facility Name	<input type="text" value="AL RAHA HOSPITAL"/>

Subscription Data

User Name	<input type="text"/>	Notification Method:	<input checked="" type="checkbox"/> E-Mail <input type="checkbox"/> SMS
Password	<input type="text"/>		
Confirm Password	<input type="text"/>		

School Health Login & Access



<https://bpmweb.haad.ae/UserManagement/>

Health Authority - Abu Dhabi
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Login Information

.Username

.Password

[Login](#)

[Click here to register](#)

If you are new user?? [request](#)

[Forgot your password](#)

Home | **e-Services** | My Profile | Sign Out |

Notifications ▶ ID Notification ▶

Sick Leave ▶ School Health

Medical Board Process ▶

Welcome back, Arwa Modwahi

User Manual

Birth Notification	Death Notification
Infectious Disease Notification (IDN)	Age Estimation
School Health - Screening & Vaccination	Insurance Product Approval

You need Adobe Reader to view the manuals, click [here](#) to download.

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School Health Notification - Demographics



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Student Search

Home | e-Services ▾ | e-Licensing ▾ | e-Insurance ▾ | User Management ▾ | e-Enquires & Requests ▾ | Operation Center ▾ | My Profile | Sign Out | Welcome, admin

School Name : HAAD SCHOOL CLINIC (MF9999) ▾

Nurse Name : Health Authority Administrator

Student Details

	First Name	Second Name	Third Name	Last Name
English Name :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arabic Name :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender :	<input type="text" value="-- Select --"/> ▾	Mobile # :	<input type="text"/>	Date Of Birth :
Medical Insurance # :	<input type="text"/>	Emirates ID # :	<input type="text"/>	<input type="text" value="12"/>
Scholastic # :	<input type="text"/>	Grade :	<input type="text" value="-- Select --"/> ▾	Class :
Nationality :	<input type="text" value="-- Select --"/> ▾			<input type="text" value="-- Select --"/> ▾

8 RECORDS FOUND

English Name	Arabic Name	Gender	Nationality	Grade	Date Of Birth	Delete
Student A FName LName		Male		KG1	01/02/2006	
Student B FName LName		Female		KG1	01/02/2006	
Student A FName LName		Male		KG2	01/02/2006	
First Name Last Name	بيلغيب لا	Male		Grade 1	03/04/2006	
ABC ABC ABC		Female		Grade 1	13/12/2003	
Student A FName Student A LName		Female	AUSTRALIA	Grade 2	04/04/2006	
leila bustami		Female		Grade 3	04/09/2001	
Student demo - HPV xx		Female		Grade 11	05/01/1994	

School Health Notification Demographics



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Student Details

Home | e-Services ▾ | My Profile | Sign Out |

Welcome, arwa

School Name : HAAD SCHOOL CLINIC (MF9999)

Nurse Name : Arwa Modwahi

Student Details

	First Name	Second Name	Third Name	Last Name	
*English Name :	<input type="text" value="Ahmed"/>	<input type="text" value="imran"/>	<input type="text"/>	<input type="text" value="Mohammed"/>	
Arabic Name :	<input type="text" value="أحمد"/>	<input type="text" value="عمران"/>	<input type="text"/>	<input type="text" value="محمد"/>	
*Gender :	<input type="text" value="Male"/>	*Mobile # :	<input type="text" value="0509998878"/>	*Date Of Birth :	<input type="text" value="28/01/1999"/>
*Medical Insurance # :	<input type="text" value="D-1154785"/>	*Emirates ID # :	<input type="text" value="999-9999-9999999-9"/>	MOE # :	<input type="text"/>
*Scholastic # :	<input type="text"/>	*Grade :	<input type="text" value="Grade 7"/>	Class :	<input type="text" value="Class 1"/>
Nationality :	<input type="text" value="U.A.E"/>	Parent Education Level (if known) :	<input type="text" value="4 Year College Degree"/>	Parent Country Of Origin (if known) :	<input type="text" value="U.A.E"/>

Update Student

Vaccination Details

Screening Details



View



Add



View



Add

* Required fields

School Health Notification - Vaccination



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Vaccine Administration

Home | e-Services ▾ | My Profile | Sign Out |

Welcome, arwa

School Name : HAAD SCHOOL CLINIC

Nurse Name : Arwa Modwahi

Student Details

First Name	Second Name	Third Name	Last Name
English Name : Ahmed	imran		Mohammed
Arabic Name : احمد	عمران		محمد
Grade : Grade 7	Gender : Male		

Note : Please ensure that the following have been carried out

- 1) Please check that the vaccination card is complete and that any necessary "catch up" has been administered, or the child referred for "catch-up"
- 2) Before you administer the vaccine, please check the following:
 - a) You have parent consent
 - b) There are no vaccine contraindications
 - c) The vaccine questionnaire is complete and the child is eligible for administration of the vaccine

Extended Program of Immunization (EPI) ?

Vaccine Type :	Hepatitis-B 1 - Grade 7	02/01/2011	
	Hepatitis-B 2 - Grade 7	02/01/2011	

Catch Up ?

Vaccine Type :	-- Select --	
	-- Select --	

Additional Vaccines

Additional vaccines for children with chronic diseases :

* Required fields

-- Select --	
-- Select --	
Hepatitis-B 1 - Grade 2	
Hepatitis-B 2 - Grade 2	
Hepatitis-B 3 - Grade 2	
Hepatitis-B 1 - Grade 3	
Hepatitis-B 2 - Grade 3	
Hepatitis-B 3 - Grade 3	
Hepatitis-B 1 - Grade 4	
Hepatitis-B 2 - Grade 4	
Hepatitis-B 3 - Grade 4	
Hepatitis-B 1 - Grade 5	
Hepatitis-B 2 - Grade 5	
Hepatitis-B 3 - Grade 5	
Hepatitis-B 1 - Grade 6	
Hepatitis-B 2 - Grade 6	
Hepatitis-B 3 - Grade 6	
MMR - Measles, Mumps, Rubella	
OPV - Oral Polio Vaccine - Grade 1	
DT - Diphtheria Tetanus (child)	

Details

Save Vaccination

School Name : HAAD SCHOOL CLINIC

School Health Notification - Screening

Student Details

	First Name	Second Name	Third Name	Last Name
English Name :	<input type="text" value="Ahmed"/>	<input type="text" value="imran"/>	<input type="text"/>	<input type="text" value="Mohammed"/>
Arabic Name :	<input type="text" value="احمد"/>	<input type="text" value="عمران"/>	<input type="text"/>	<input type="text" value="محمد"/>
Grade :	<input type="text" value="Grade 7"/>	Gender :	<input type="text" value="Male"/>	

Note : Parents should be notified of all positive screening tests. Please note that this is not an automatic referral system, so parents should be sent the appropriate manual referral form.


BMI & Waist Circumference

Date Of Birth : Height : Cms Weight : Kgs BMI : BMI Percentile : Waist Circumference : Cms


History


Initial/interval : Done Has the health form been provided by parents?

Measurements

Blood Pressure : Done 


Sensory Screening


Hearing : Done  Screening results Referral to parents

Vision : Done  Without Glasses: Left Right
With Glasses: Left Right


Screening results Referral to parents


Physical Examination

Physical Examination : Done  Screening results Referral to parents


Scoliosis : Done  Screening results Referral to parents

Anticipatory Guidance

Injury Prevention : Done 

Nutrition Counseling : Done 

Oral Hygiene Checkup(Please fill in each time a oral health screening has been conducted)

Oral Health : Done  Screening results Referral to parents

[Student Details](#) [Save Screening](#)

Submitted Notification – View History



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Vaccine History

Home | e-Services ▾ | e-Licensing ▾ | e-Insurance ▾ | User Management ▾ | e-Enquires & Requests ▾ | Operation Center ▾ | My Profile | Sign Out | Welcome, admin

School Name : HAAD SCHOOL CLINIC (MF9999)

Nurse Name : Health Authority Administrator

Student Details

First Name	Second Name	Third Name	Last Name
English Name : <input type="text" value="First Name"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Last Name"/>
Arabic Name : <input type="text" value="بيلفيلب"/>	<input type="text" value="لا"/>	<input type="text"/>	<input type="text"/>
Grade : <input type="text" value="Grade 1"/>	Gender : <input type="text" value="Male"/>		

Vaccination Details

Vaccine	Date	Notified By	Grade	EPI/Catch-Up/HPV
MMR - Measles, Mumps, Rubella	24/08/2010	Jennifer Gillian Moore	Grade 1	EPI
MMR - Measles, Mumps, Rubella	07/06/2010	Jennifer Gillian Moore	Grade 1	EPI
MMR - Measles, Mumps, Rubella	07/05/2010	Jennifer Gillian Moore	Grade 1	EPI
OPV - Oral Polio Vaccine - Grade 1	05/04/2010	Arwa Modwahi	Grade 1	EPI
OPV - Oral Polio Vaccine - Grade 1	07/06/2010	Jennifer Gillian Moore	Grade 1	EPI
DT - Diphtheria Tetanus (child)	05/04/2010	Arwa Modwahi	Grade 1	EPI
DT - Diphtheria Tetanus (child)	07/05/2010	Jennifer Gillian Moore	Grade 1	EPI

Additional Vaccines

No Data Available

[Student Details](#)

Submitted Notification – View History



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Screening History

Home | e-Services ▾ | e-Licensing ▾ | e-Insurance ▾ | User Management ▾ | e-Enquires & Requests ▾ | Operation Center ▾ | My Profile | Sign Out | Welcome, admin

School Name : HAAD SCHOOL CLINIC (MF9999)

Nurse Name : Health Authority Administrator

Student Details

English Name :	First Name	Second Name	Third Name	Last Name
Arabic Name :	بيلغيب	لا		
Grade :	Grade 1	Gender :	Male	

BMI & Waist Circumference

Date Of Birth	Date Of Measurement	Grade	Height(Cms)	Weight(Kgs)	BMI	BMI %ile	Waist Circumference
03/04/2006	23/05/2010	Grade 1	147	45	20.82	98.2	34
03/04/2006	10/06/2010	Grade 1	120	35	24.31	98.2	78
03/04/2006	06/04/2010	Grade 1	115	25	18.9	98.2	
03/04/2006	06/04/2010	Grade 1	120	27	18.75	98.2	

History

No Data Available

Measurements

Blood Pressure

Done-06/06/10

Physical Examination

No Data Available

Oral Hygiene Checkup

No Data Available

Sensory Screening

Vision	Without Glasses	With Glasses	Screening results	Referral to parents	Hearing	Screening results	Referral to parents
Done-06/06/10	Left:6 Right:6	Left: Right:	No issues identified	No	Done-06/06/10	Possible issues - refer for repeat of screening test	Yes

Anticipatory Guidance

No Data Available

Student Details



Next Steps...

- We expect Nurses (Users) who will submit School Health Notifications to register and acquire user ID's at <https://bpmweb.haad.ae/UserManagement/>
- HAAD will promptly authorize usernames and passwords to all valid requests from users, such activated user ID's will receive an email confirming activation
- HAAD IT HelpDesk / Support contacts:
 - BPA Support (02 4193572) or bpasupport@haad.ae
 - Paul D'souza (02 4193379) or pdsouza@haad.ae