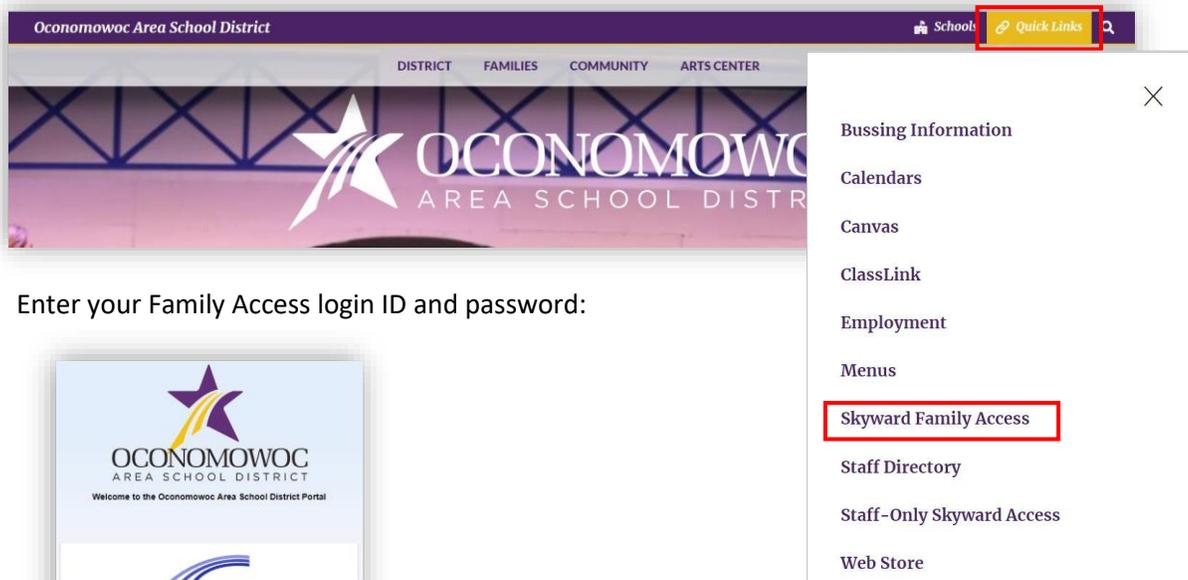


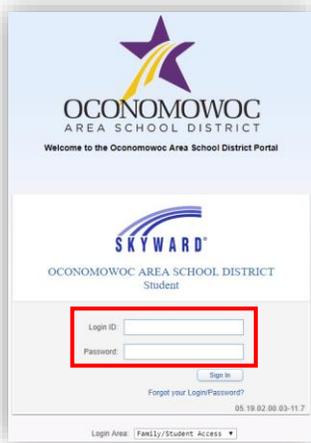
## STEP-BY-STEP ONLINE HEALTH INFORMATION REVIEW

Student health conditions, physical exams, hearing and vision screenings, and immunization records can be viewed in the Skyward Family Access system. During Online Registration, families will need to review and confirm health conditions and vaccination information. You can follow these steps to access your child's health information within Skyward Family Access.

- 1) Go to [www.oasd.org](http://www.oasd.org)
- 2) Click the **Quick Links** icon then select **Skyward Family Access** from the list:



- 3) Enter your Family Access login ID and password:



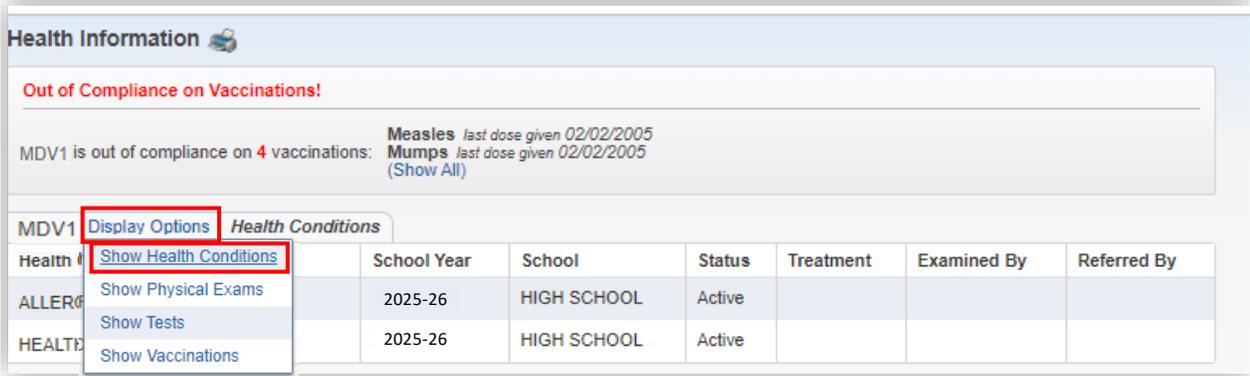
- 4) Click on the **Open Family Access** button in the upper right corner:



- 5) Click on the **Health Info** button in the left column:



- 6) To view details on health conditions, physical exams, hearing and vision screenings, and vaccinations, click **Display Options** then select the **Show Health Conditions** category to review your child’s current health condition information:



**Health Information**

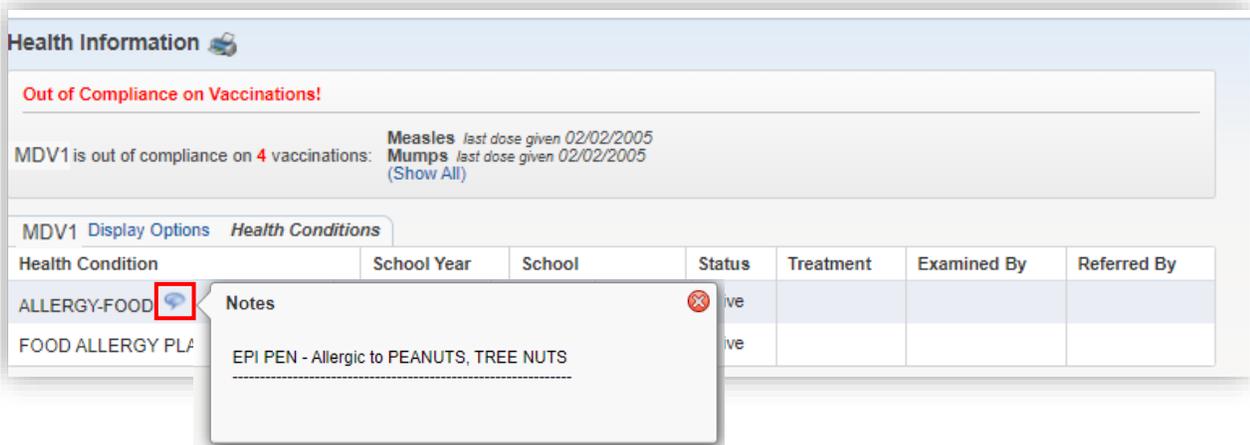
**Out of Compliance on Vaccinations!**

MDV1 is out of compliance on 4 vaccinations: **Measles** last dose given 02/02/2005  
**Mumps** last dose given 02/02/2005  
(Show All)

MDV1 **Display Options** **Health Conditions**

Health Condition	School Year	School	Status	Treatment	Examined By	Referred By
ALLERGY-FOOD	2025-26	HIGH SCHOOL	Active			
HEALTHY	2025-26	HIGH SCHOOL	Active			

- 7) If health conditions are listed, they are considered active health conditions. To view the notes associated with the health condition, click on the notes bubble:



**Health Information**

**Out of Compliance on Vaccinations!**

MDV1 is out of compliance on 4 vaccinations: **Measles** last dose given 02/02/2005  
**Mumps** last dose given 02/02/2005  
(Show All)

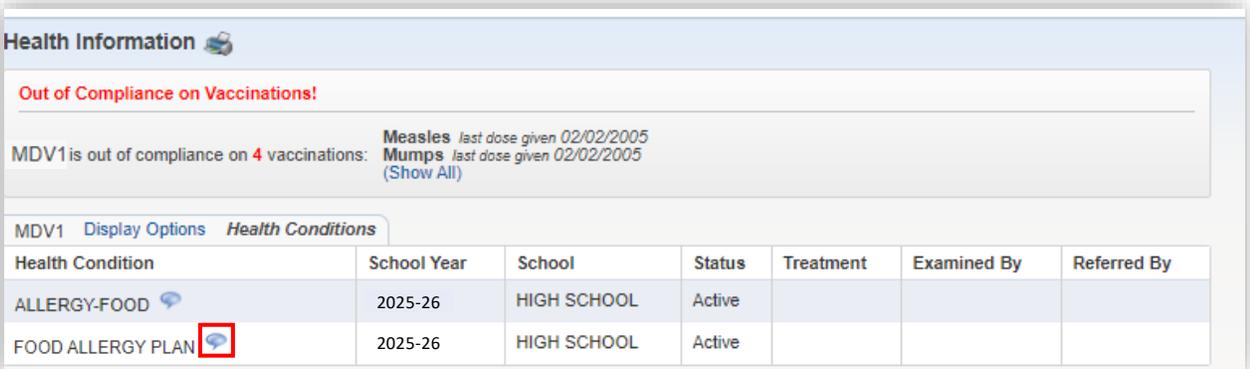
MDV1 **Display Options** **Health Conditions**

Health Condition	School Year	School	Status	Treatment	Examined By	Referred By
ALLERGY-FOOD			ive			
FOOD ALLERGY PLAN			ive			

**Notes**

EPI PEN - Allergic to PEANUTS, TREE NUTS

- 8) If a care plan is listed as a health condition, the OASD requires a care plan to guide the care of your child. The notes bubble next to the care plan will specify the school years that you have provided a care plan and a new care plan for the 2025-26 school year is required. The 2025-26 care plan will be emailed to you separate from the Annual Online Registration process.



**Health Information**

**Out of Compliance on Vaccinations!**

MDV1 is out of compliance on 4 vaccinations: **Measles** last dose given 02/02/2005  
**Mumps** last dose given 02/02/2005  
(Show All)

MDV1 **Display Options** **Health Conditions**

Health Condition	School Year	School	Status	Treatment	Examined By	Referred By
ALLERGY-FOOD	2025-26	HIGH SCHOOL	Active			
FOOD ALLERGY PLAN	2025-26	HIGH SCHOOL	Active			

- 9) To review your child’s physical exam history or hearing and vision screening history, click on the **Show Physical Exams** or **Show Tests** links.

**Health Information**

**Out of Compliance on Vaccinations!**

MDV1 is out of compliance on 4 vaccinations: **Measles** last dose given 02/02/2005  
**Mumps** last dose given 02/02/2005  
(Show All)

MDV1 [Display Options](#) [Health Conditions](#)

Health Condition	School Year	School	Status	Treatment	Examined By	Referred By
ALLERGY	2025-26	HIGH SCHOOL	Active			
HEALTH C	2025-26	HIGH SCHOOL	Active			

[Show Health Conditions](#)  
[Show Physical Exams](#)  
[Show Tests](#)  
[Show Vaccinations](#)

- 10) To review your child’s vaccination history, click on the **Show Vaccinations** link:

**Health Information**

**Out of Compliance on Vaccinations!**

MDV1 is out of compliance on 4 vaccinations: **Measles** last dose given 02/02/2005  
**Mumps** last dose given 02/02/2005  
(Show All)

MDV1 [Display Options](#) [Health Conditions](#)

Health Condition	School Year	School	Status	Treatment	Examined By	Referred By
ALLERGY	2025-26	HIGH SCHOOL	Active			
HEALTH C	2025-26	HIGH SCHOOL	Active			

[Show Health Conditions](#)  
[Show Physical Exams](#)  
[Show Tests](#)  
[Show Vaccinations](#)

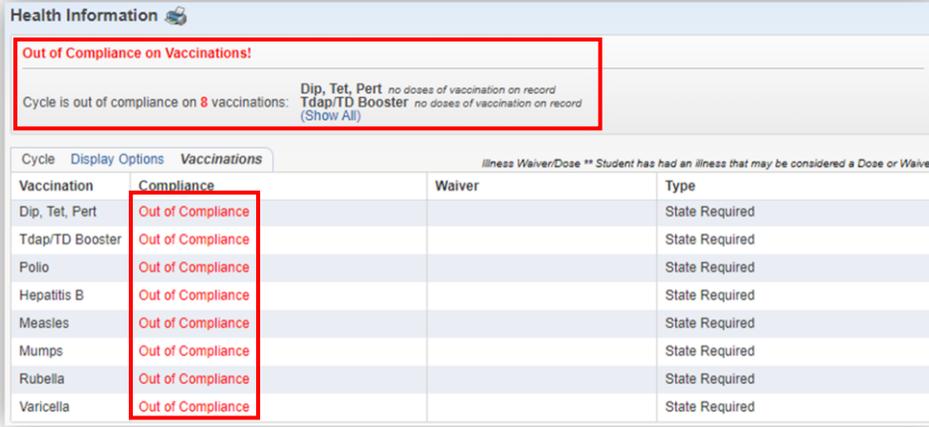
- 11) If your child is in compliance with the State immunization guidelines, you will see **In Compliance** next to each vaccination:

**Health Information**

MDV1 [Display Options](#) [Vaccinations](#) Illness Waiver/Dose \*\* Student has had an illness that may be considered a Dose or Waiver

Vaccination	Compliance	Waiver	Type	Date 1	Date 2	Date 3	Date 4	Date 5
Dip, Tet, Pert	In Compliance		State Required	06/16/2011	08/17/2011	10/18/2011	07/25/2012	06/24/2015
Polio	In Compliance		State Required	06/16/2011	08/17/2011	10/18/2011	06/24/2015	
Hepatitis B	In Compliance		State Required	04/19/2011	06/16/2011	10/18/2011		
Measles	In Compliance		State Required	04/18/2012	06/24/2015			
Mumps	In Compliance		State Required	04/18/2012	06/24/2015			
Rubella	In Compliance		State Required	04/18/2012	06/24/2015			
Varicella	In Compliance		State Required	04/18/2012	06/24/2015			
Tdap/TD Booster	No doses needed for Age or Grade		State Required					

12) If your child is not in compliance with the State immunization guidelines, you will see **Out of Compliance** at the top of the Health Information section and next to each vaccination:



**Health Information**

**Out of Compliance on Vaccinations!**

Cycle is out of compliance on 8 vaccinations: Dip, Tet, Pert no doses of vaccination on record  
Tdap/TD Booster no doses of vaccination on record (SHOW ALL)

Vaccination	Compliance	Waiver	Type
Dip, Tet, Pert	Out of Compliance		State Required
Tdap/TD Booster	Out of Compliance		State Required
Polio	Out of Compliance		State Required
Hepatitis B	Out of Compliance		State Required
Measles	Out of Compliance		State Required
Mumps	Out of Compliance		State Required
Rubella	Out of Compliance		State Required
Varicella	Out of Compliance		State Required

- 13) If your child is **Out of Compliance** on any vaccinations, please submit their vaccination dates in one of these ways:
- Email your child’s name, date of birth, and immunization record to [OconHealthServices@oasd.org](mailto:OconHealthServices@oasd.org).
  - Fax your child’s name, date of birth, and immunization record to (262)-560-2106. Your medical provider can fax this information as well.
  - Print the Student Immunization Record available on the WI Department of Health Services website: <https://www.dhs.wisconsin.gov/library/F-04020L.htm>. Then fill in the information and submit the form in one of these ways:
    - Email to: [OconHealthServices@oasd.org](mailto:OconHealthServices@oasd.org)
    - Fax to: (262)-560-2106
    - Mail to: Oconomowoc Area School District, District Nurse, 641 E. Forest Street, Oconomowoc, WI 53066
  - If you choose to sign a waiver for religious, health, or personal conviction reasons, the bottom portion of the Student Immunization Record has been designated for this purpose. Simply check the type of waiver, indicate which immunizations are being waived, sign, and return to the OASD. In the event of an outbreak of a vaccine preventable disease, students with waivers may be excluded from school until the outbreak subsides.
  - Wisconsin Student Immunization Requirements by age are available at: <https://www.dhs.wisconsin.gov/library/P-44021.htm>.

**If you have questions or concerns about any of the health information found in Family Access, please contact OASD Health Services at [OconHealthServices@oasd.org](mailto:OconHealthServices@oasd.org) or (262)-560-2114.**