

Step-by-Step Guide to Fill Out Online Health Screening Form

1

Login to the Skyward Parent Portal. <https://sis-millington.tnk12.gov/scripts/wsis.a.dll/WService=wsMILStu/seplog01.w>

2

Click "An Online Form is now available to fill out"

The screenshot shows the Skyward Family Access portal. At the top, there is a logo for Skyward and the text "Family Access All Students" with a dropdown arrow. On the left side, there is a vertical menu with the following items: Home, New Student Registration, 23-24 Returning Student Registration, Online Forms, Calendar, Gradebook, Attendance, Student Info, Schedule, Discipline, and Educational Milestones. On the right side, there is a notification box with a blue header that says "An Online Form is now available to fill out". The notification text reads: "Health Screening is now available to fill out at Millington Primary, yet has not been completed for [redacted]. It is due by 10-06-2023. Fill out Online Form for [redacted]". An orange circle highlights the notification header.

3 Click "Fill out Online Form for XXXXX"

The screenshot shows the Skyward Family Access interface. At the top left is the Skyward logo. To its right, the text reads "Family Access" and "All Students" with a dropdown arrow. In the top right corner, there is a "My Account" button. On the left side, there is a vertical navigation menu with the following items: Home, New Student Registration, 23-24 Returning Student Registration, Online Forms, Calendar, Gradebook, Attendance, Student Info, Schedule, Discipline, and Educational Milestones. The main content area on the right features a blue header that says "An Online Form is now available to fill out". Below this header, a message states: "Health Screening is now available to fill out at Millington Primary, yet has not been completed for [redacted]. It is due by 10-06-2023." A link labeled "Fill out Online Form for [redacted]" is highlighted with an orange circle.

4 Click "Next"

The screenshot shows a "District Message" dialog box. At the top, there is a navigation bar with links for "Wendy Strevel", "My Account", "Contact Us", "Email History", "Report History", and "Exit". Below this is a Facebook icon. The dialog box contains the text "The 2023-2024 School Year." followed by a list of steps: "1. Health Screening" and "2. Complete Health Screening". At the bottom of the dialog, there are two buttons: "Next" and "Close and Finish Later". The "Next" button is highlighted with an orange circle.

5

Click this checkbox and the following screenings you would like to for your child to participate in.

- Personal
- Technical
- Documents
- Info
- History

de salud para estudiantes de Pre-K, Kindergarten, 2do grado, 4to grado, 6to grado, 8vo grado y 9 (Los estudiantes de los grados 1, 3, 5, 7, 10, 11 y 12 podran ser evaluados si el tiempo lo permite lo solicitan). Estas evaluaciones ayudan a identificar cualquier barrera para el aprendizaje relacion El Programa Coordinado de Salud Escolar es un programa obligatorio por el estado y está financi del Departamento de Educación Coordinado de Tennessee. Ley de Mejora de la Salud Escolar T. Las proyecciones son estrictamente voluntarias. La privacidad de su hijo estará protegida en todo Nosotros tomamos en serio la confidencialidad y tomaremos todas las medidas necesario para ga privacidad de cada estudiante.

Please check the appropriate boxes below, e-sign and date, and click submit.
Marque las casillas correspondientes a continuación, firme y fecha, y haga clic en enviar.

YES, I give permission for Millington Municipal Schools to perform the following screenings
SÍ, doy permiso para que las Escuelas Municipales de Millington realicen las siguientes evalua

Check all that apply.
Marque todo lo que corresponda.

- Vision/Visión** **Hearing/Escuchando** **Blood Pressure/presión arterial**
 Height/Altura **Weight/Peso**

NO, I do NOT give permission to Millington Municipal Schools to perform the health screenings
NO, NO doy permiso a las Escuelas Municipales de Millington para realizar los exámenes de :

_____ Millington Primary _____

6

Or click " No" if you do not wish for your child to participate in the health screenings.

Please check the appropriate boxes below, e-sign and date, and click submit.

Marque las casillas correspondientes a continuación, firme y fecha, y haga clic en enviar.

YES, I give permission for Millington Municipal Schools to perform the following screenings
SÍ, doy permiso para que las Escuelas Municipales de Millington realicen las siguientes evalua

Check all that apply.

Marque todo lo que corresponda.

- Vision/Visión** **Hearing/Escuchando** **Blood Pressure/presión arterial**
 Height/Altura **Weight/Peso**

NO, I do NOT give permission to Millington Municipal Schools to perform the health screenings
NO, NO doy permiso a las Escuelas Municipales de Millington para realizar los exámenes de :

Type your full name in the space provided below.

This will serve as your electronic signiture

Escriba su nombre completo en el espacio proporcionado a continuación.

Esto te servirá como tu firma electrónica.

7

Then, type your name in the bottom box. This will act as your electronic signature. Then click Complete Step 1 and move to Step 2.

YES, I give permission for Millington Municipal Schools to perform the health screening. **SI**, doy permiso para que las Escuelas Municipales de Millington realicen la prueba de salud.

Check all that apply.
Marque todo lo que corresponda.

Vision/Visión **Hearing/Escuchando** **Blood Pressure/Presión Arterial**
 Height/Altura **Weight/Peso**

NO, I do NOT give permission to Millington Municipal Schools to perform the health screening. **NO**, NO doy permiso a las Escuelas Municipales de Millington para realizar la prueba de salud.

Millington Primary

Type your full name in the space provided below.
This will serve as your electronic signature.

Escriba su nombre completo en el espacio proporcionado a continuación.
Esto te servirá como tu firma electrónica.

Type parent name here

[Complete Step 1 and move to Step 2](#)

8

Click "Submit Health Screening"

Health Screening (Millington Primary) Print

Step 2. Complete Health Screening (Required)

By completing Health Screening, you are confirming that the Steps below have been finished.
Are you sure you want to complete Health Screening for Merida?

Review Health Screening Steps

Step 1)	Health Screening	Completed 09/11/2023 3:02pm
---------	------------------	-----------------------------

Guardian Name: [Redacted] Guardian Address: [Redacted]

[Submit Health Screening](#)

District Message

- 1. Health Screening Completed 09/11/2023 3:02pm
- 2. Complete Health Screening

[Previous Step](#) [Next Step](#)

[Close and Finish Last Step](#)