



These directions will help you navigate through Vanguard School's new nursing software.

Getting Started

- Login to Magnus
- View a tutorial video
- Access Front Desk section of the site
- View and print your child's emergency medical information
- Access Magnus support through the Need help? link

Student Health Tracker

- This is your starting point
- The directions below will guide you through each step

You will then proceed through the following sections of the Student Health Tracker to complete all necessary documentation

- Vital Health Record
- Annual Physical Exam Form
 - Required for students new to Vanguard School and those entering 6th and 11th grades
- Immunization Form
- Over-The-Counter Medication Form
- Asthma Action Plan Form
 - Only visible if you answered YES in Conditional Questions
- Allergy Action Plan Form
 - Only visible if you answered YES in Conditional Questions
 - Diabetes Action Plan Form
 - Only visible if you answered YES in Conditional Questions
- Seizure Action Plan Form
 - o Only visible if you answered YES in Conditional Questions
- Do you request that your child carry and self-administer their own prescribed medication?
- Private Hearing Screening
- Private Vision Screening Form
- Private Dental Examination
 - \circ $\;$ Required for students new to Vanguard School and those entering 3^{rd} and 7^{th} grades





Getting Started

- 1. Go to <u>https://secure.magnushealthportal.com/</u>
- 2. Enter your Username and Password. Click Login.
 - a. You will receive your username and password via email from service@magnushealthportal.com



3. Once you are logged in to Magnus, you will see a tutorial video. It is a short overview of the steps you need to complete.

Wait! View this tutorial to learn how to use your account.				
0:00 / 2:26 Don't show this window again.	4)	8	:	se l

- a. Once you've watched it and feel comfortable with the steps, you can click the box next to Don't show this window again, and then click Close. Leaving the box unchecked will open the video each time you login to Magnus.
- b. You can also click the three dots to the right and download a copy of the video to your computer to view later or as many times as you need.



4. After viewing the video, you will see what Magnus calls the Front Desk. This is your main screen.





a. Click Go to Front Desk at any time to return to this screen

Welcome, Parent Test - New Magnus Health Mo	bbile App 🖂	<u>Need help?</u>
Front Desk		Go to Front Desk
To Do Class of 2 29 (6th Grade)	You have requirements to complete on your To Do List.	Complete now
		Print 911 Card
SECURE AREA © 2006-2022 Magnus Hearth Technology. All Rights Reserved.		PRIVACY PLEDGE SIGNATORY

b. Hover your mouse over your name at the top, and you will see:



- i. Communications
 - 1. Shows messages and information sent to you from Vanguard School staff
- ii. Change Credentials
 - 1. Allows you to update your username and password
- iii. Logout
 - 1. Logs you out of Magnus
- 5. Click on Print 911 Card to view your child's emergency medical information





Welcome, Parent Test - Ne	O Need help?						
Front Desk	Front Desk						
To DO Class of 2029 (6th Grade)	You have your To [requirements to complete on lo List.	Complete now				
			Print 911 Card				
SECURE AREA © 2006-2022 Magnus Health T	echnology. All Rights Reserved.		STUDENT PRIVACY PLEDGE SIGNATORY				

You will then see the emergency medical information in this format

Student Te	est		EMERGE	NCY MEDICA	L INFORMATIO
DOB: 05/01/20	006				
			Magnus	Student Tes	st
			Catt	DOB: 05/01	/2006
Class of 2029 (Sth Grade)			Emergency I	nstructions
	a Diabotos Soizuros H	loaring		Step 1: Go to w	/ww.magnus911.com
Screening, Visi	on Screening	learnig		Step 2: Enter 1	6 digit emergency ID
				M-2698-026	5-4056-4567
Demogra	phic Informatio	n			
Demograp	ohic Informatio	n cel	1:		
Demograp Address:	ohic Informatio	n cel	1:		
Demograp Address: City:	ohic Informatio	n cel	1:		
Demograp Address: City: State/Provinc	bhic Informatio	n cel	1:		
Demograp Address: City: State/Provinc Zip code:	phic Informatio	n cel	1:		
Demograp Address: City: State/Provinc Zip code: Health Em	ohic Informatio	n cel acts	l:		
Demograp Address: City: State/Provinc Zip code: Health Em Relationship	nergency Conta	n cel Acts Home Phone	l:	Nork Phone	Cell Phone
Demograp Address: City: State/Provinc Zip code: Health Em Relationship	bhic Informatio e: nergency Conta _{Name} Parent Test	n cel acts Home Phone 919-895-9871	l: 	Nork Phone	Cell Phone
Demograp Address: City: State/Provinc Zip code: Health Em Relationship Allergies	nergency Conta Name Parent Test	n cel ACts Home Phone 919-895-9871	I:	Nork Phone	Cell Phone
Demograp Address: City: State/Provinc Zip code: Health Em Relationship Allergies Name: Milk	nergency Conta Name Parent Test	n cel acts Home Phone 919-895-9871	I: I Epi Pen: No	Nork Phone Epi Pen Expir	Cell Phone
Demograp Address: City: State/Provinc Zip code: Health Em Relationship Allergies Name: Milk Reaction: Breal	nergency Conta Name Parent Test	n cel ACts Home Phone 919-895-9871	l: Epi Pen: No	Work Phone Epi Pen Expin Severity: Sev	Cell Phone ration: /ere
Demograp Address: City: State/Provinc Zip code: Health Em Relationship Allergies Name: Milk Reaction: Breal Date of Last Rea	Antic Informatio	n cel ACts Home Phone 919-895-9871	I: Epi Pen: No Signs of React	Work Phone Epi Pen Expir Severity: Sev	Cell Phone ration: /ere





6. Click Need Help? to receive assistance from Magnus support.

<₩	Welcome	e, <u>Parent Test</u> - New Magnus Health Mobi	ile App 🖂 9		Need help?		
	Front Desk						
	To Do	Student Test Class of 2029 (6th Grade)	You have requirements to complete or your To Do List.	n C	complete now		
					Print 911 Card		
	SECURE AREA	© 2006-2022 Magnus Health Technology. All Rights Reserved.		STUDENT PRIVACY PLEDGE SIGNATORY	HIPAA Privacy Policy		

a. You will then see this screen where you can type in your question or click on Contact Support







Student Health Tracker

1. Click Complete Now (the first time you log in) to start the process of entering your child's medical information.



a. You will then see the Conditional Questions

i. Click Yes or No for each question ii Then click Next

✓ Welcome, Parent Test New Magnus Health Mobile App ☑	O Need help?
Student Health Tracker	<u>Go to Front Desk</u>
Student Test Class of 2029 (6th Grade) Due Date August 1 1 Days Past Due	Tracker Summary Student is 14% complete.
Must be completed to receive all requirements.	
Did your child fail a school-provided vision screening?	Yes No
Did your child fail a school-provided hearing screening?	Yes No
Does your child have allergies that require the use of an emergency medication (e.g., Benadryl or epinephrine)?	Yes No
Does your child have asthma that requires the use of an emergency medication?	Yes No
Does you child have diabetes?	Yes No
Does your child experience seizures that require the use of an emergency action plan?	Yes No
Next	
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- 2. You will see the chart below.
 - a. The options in the chart are dependent upon the answers provided in the Conditional Questions.
 - i. For example:
 - 1. If your child has allergies requiring medication, you will see an Allergy Action Plan form
 - 2. If your child has seizures, you will see a Seizure Action Plan form
 - ii. These forms will not be visible to you if you click No in the Conditional Questions



(Chart continued on next page)







b. Additional information will show in the chart as you begin completing the requirements





c. If you need to edit your answers to the Conditional Questions, click the Edit button



Vital Health Record

- Click the Fill it out button to start
 Vital Health Record This is a required form that must be completed by a parent/guardian.
- 2. When you first start, all links will have a red X showing that it has not been completed. Once that section is completed, you will see a green check mark.
 - a. Click each link and complete the required steps

Vital Health Recoro		Editing for Student Test
User Details		Preview Vital Health Record
Student Test DOB:05/01/2006	Please complete each section of Student Test's Vital Health Record.	
	- Sections	
Class of 2029 (6th Grade)	Student Information	Completed Since: 5 days ago
X Incomplete	× Health Emergency Contacts	Incomplete
Deadline: August 1	× Insurance	Incomplete
Submit for Approval	× Healthcare Providers	Incomplete
Save and return to tracker	✓ <u>Allergies</u>	Completed Since: 5 days ago
	 Medications 	Completed Since: 5 days ago
	K Heart Health Questions about you	Incomplete





i. A red asterisk (*) indicates required information

I Please complete the	fields below with the student's informativ	on.		
First Name: *	Student	Student Cell Phone:		
Preferred Name:			Primary Address	
Middle Name:		Address: *		
Last Name: *	Test	City: *		
Sex: *	O Male 🔍 Female	State/Province: *		
Pronouns:		Zip Code: *		
Date of Birth: *	05/01/2006			
Height:	5 ft 6 in			
Weight:				

3. When you've completed each link in the Vital Health Record, click Submit for Approval. If you are still working on parts of this, click Save and return to tracker. Then, come back to this section when you have the information to complete it

Vital Health Record		Editing for Student Test
User Details Student Test	Diago complete each caction of Student Tactic Vital Health Record	Preview Vital Health Record
DOB:05/01/2006	Sections	
Class of 2029 (6th Grade)	✓ <u>Student Information</u>	Completed Since: 5 days ago
Deadline: August 1	Health Emergency Contacts	
Submit for Approval	× Healthcare Providers	Incomplete
Save and return to tracker	✓ <u>Allergies</u>	Completed Since: 5 days ago
	✓ <u>Medications</u>	Completed Since: 5 days ago
	K Heart Health Questions about you	Incomplete





Steps for each of the following requirements are similar and outlined below

- Annual Physical Exam Form
- Immunization Form
- Does your child take prescribed medications during the school day?
- Do you request that your child carry and self-administer their own prescribed medication?
- Asthma Action Plan Form
- Allergy Action Plan Form
- Diabetes Action Plan Form
- Seizure Action Plan Form
- Private Hearing Screening
- Private Vision Screening Form
- Private Dental Examination



- 1. Take note if the form requires a physician's signature.
 - a. You will need to download and print the form, bring it to your child's doctor to complete, then scan and either upload or fax the form (see steps below for how to upload or fax the form)i. You can also request a paper copy of this form from the school nurse



- 2. There are two ways to download the form
 - a. Click the paper icon next to Annual Physical Exam Form
 - b. <u>After clicking Turn it in (shown above), click No, download my form</u> (shown below)

Annual Physical Exam Form	X Close
Have you ALREADY obtained and completed the form "Annual Physical Exam Form"?	
Yes, Submit No, download my form	



THE VANGUARD SCHOOL

- 3. When the form opens, you will have the option to download it to save to your computer, or you can print it
 - a. This is the view in Chrome (your internet browser may be a little different):

≡	DisplayPSFItem	1 / 4 - 100% +	🗄 <	গ্ <u></u>		± ē	÷ 🔨
					1007858944_701	79 2_5	
		INTELLINE (DE 1. STUELE) Page 1 of 4: STUELENT HISTORY pennsylvania Bureau of Community Health Systems Develop of Gebrool Health	Private HYSICAL OF SCHOO	e or School EXAMINATION IL AGE STUDENT	PARENT / GUARDIAN / S Complete page one of this fo student's exam. Take comp appointment.	STUDENT: orm before leted form to	_ ± = € :
	200.001	Student's name			Today's date		
	THE OWNER OF THE OWNER OWNER OF THE OWNER	Date of birth	Age at time of	exam	Gender: Male Female		
		Medicines and Allergies: Please list all prescription and over	-the-counter r	medicines and supplements (h	arbal/nutritional) the student is currently	taking:	
		Does the student have any allergies? No Yes (If yes, Iii	st specific alle	rgy and reaction.)			
		Medicines Pollens		Food	Stinging Insects		Download
							DOWINOau
		Complete the following section with a check mark in the	TES OF NO	column; circle questions y	ou do not know the answer to.	VER NO	
		1. Any ongoing medical conditions? If so, please identify:	120 110	29. Had groin pain or a pair	ful bulge or hernia in the groin area?	100 110	Duringt
		Asthma Anemia Diabetes Infection		30. Had a history of urinary	tract infections or bedwetting?		Print
	Contraction of the local division of the loc	2. Ever stayed more than one night in the hospital?		31. FEMALES ONLY: Had	a menstrual period?	Yes 🗆 No	
		3. Ever had surgery?		How many perior	s has she had in the last 12 months?		
		4. Ever had a seizure?		Date of last perio	t		
		Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		DENTAL:		YES NO	
		6. Ever become ill while exercising in the heat?		32 Has the student had an	pain or problems with his/her gums or teeth?		
		Had frequent muscle cramps when exercising?		Last dental visit: les	s than 1 year 1-2 years greater than	2 years	
		HEAD/NECK/SPINE: Has the student	YES NO	SOCIAL/LEARNING: H	s the student	YES NO	
		nad headaches with exercise? Ever had a head injury or concussion?	+	34. Been told heishe has a	learning disability, intellectual or		
		10 Ever had a hit or blow to the head that caused confusion, prolonged		developmental disabilit	r, cognitive detay, ADD/ADHD, etc.?		
		headache, or memory problems?		36. Experienced major grie	trauma, or other significant life event?		
		11. Ever had numbress, singling, or weakness in his/her arms or legs after being hit or falling?		37. Exhibited significant ch	anges in behavior, social relationships,		
	100 CTU	12 Ever been unable to move arms or legs after being hit or falling?		grades, eating or sleep	ng habits; withdrawn from family or friends?		
_		13 Noticed or been told he/she has a curved spine or scoliosis?		39. Shown a general loss of	energy, motivation, interest or enthusiasm?		
		Had any problem with his/her eyes (vision) or had a history of an eye injury?		40. Had concerns about we	ight; been trying to gain or lose weight or		
		15 Been prescribed glasses or contact lenses?		41 Used (or currently user	ation to gain or lose weight?		
		HEART/LUNGS: Has the student	YES NO	FAMILY HEALTH:	www.co., access, or urbigs r	YES NO	
		16 Ever used an inhaler or taken asthma medicine? 17 Ever bad the doctor say beidde has a heart problem? If so chark		42. Is there a family history	of the following? If so, check all that apply:		
		all that apply:		Anemia/blood disord	ers Inherited disease/syndrome		
		High blood pressure Kawasaki disease High cholesterol Other		Behavioral health is:	ue C Seizure disorder		
_		18. Been told by the doctor to have a heart test? (For example,		Diabetes	Sickle cell trait or disease		
		ECG/EKG, echocardiogram)?		Other 43 Is there a family history	of any of the following heart-related		
	4	feit lightheaded puting or AFTER exercise?		problems? If so, check	all that apply:		
		20 Had discomfort, pain, tightness or chest pressure during exercise?		Brugada syndrome Cardiomyopathy	QT syndrome Marfan syndrome		

- 4. Once you have completed the form and it is signed by your child's doctor, you will need to scan and upload it, fax it to Magnus, or send it to school with your child to give to the school nurse.
 - a. To upload, go back to the Annual Physical Exam Form, and click Yes, Submit







c. If uploading, click Choose File, locate the file on your computer, and click openi. Then, click Upload File(s)

Annual Physical Exam Form	×	Close
Upload Choose File No file chosen and there. • To combine multiple pages add each page you wish to combine until you have selected all pages. Then click "Upload File(s)." • Your document must be a PDF, PNG, JPG, JPEG, BMP, or GIF file. Upload File(s) Start Over		

- d. If faxing, click Yes, Download Coversheet
 - i. This sheet will help Magnus send your child's form to Vanguard School

Annual Physical Exam Form	X Close
Would you like to fax the completed form?	
Yes, Download Coversheet No, Start over	
Once Magnus Health receives your coversheet and form, it will take 1-2 business days before it is uploaded to your account.	

e. The cover sheet will look like this.

≡	DisplayPSFitem	1 / 1 - sex + 🗄 ᠌	Ŧ	e	
		PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY			
	1	STUDENT_TEST_1007858944_+70179+			
		ANNUAL PHYSICAL EXAM FORM			
		Student Test The Vanguard School (Valley Forge Educational Services)	I		
		This coversheet is ONLY for the <u>form and student listed above</u> and MUST BE RECEIVED for processing.	I		
		DO NOT use staples or paperclips!	I		
Please print and complete this form then submit all pages including this coversheet via:					
		FAX MAIL			
		(877) 447-9530 -OR Magnus Health Does Not Ontide of the United Stann? Please facts (0770) 244-8894			

f. Fax the cover page and form to the number listed on the cover page





Directions for the following requirement are different than above

- Over the Counter Medication Form
- 1. Click Fill it out to access the list of over-the-counter medications

To Do This is a required form that must be completed and signed by a parent/guardian.

_		
	Fill it out	
Ľ		

2. Click Yes or No for each over-the-counter medication

Pieses choose yes or no for each medication listed and then click next.			
OTC Medication - Name/Generic	⊖ Yes To All	⊖ No To All	
Ibuprofen - Ibuprofen	⊖ Yes	○ No	
Acetaminophen - Acetaminophen	⊖ Yes	⊖ No	
Antacid - Antacid	⊖ Yes	⊖ No	
Cough Drops - Cough Drops	⊖ Yes	⊖ No	
Calamine Lotion - Calamine Lotion	⊖ Yes	⊖ No	
Insect Repellent - Insect Repellent	⊖ Yes	⊖ No	
Other - Ophthalmic Drops	⊖ Yes	⊖ No	
Other - First Aid Cream	⊖ Yes	⊖ No	
cancel Next			

- 3. Click Next -
- 4. A form will open for you to e-sign



