

Vision, Hearing, and Spinal Screening Annual Reporting Survey (VHSSARS)

How to submit VHSS Data



Visit the VHSS Homepage

<https://www.dshs.texas.gov/vision-hearing->



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Vision and Hearing Screening

The Vision, Hearing, & Spinal Screening Program (VHSS) is a program designed to detect vision and hearing disorders in children aged 4-18 years and abnormal spinal curvatures in adolescents and refer them for appropriate follow-up with their doctor. The Vision, Hearing, and Spinal Screening programs do not provide direct services; instead, they certify individuals to conduct screenings for vision, hearing, and spinal abnormalities in children aged 4-18 years. For all inquiries regarding the VHSS program, please contact us at VhssProgram@dshs.texas.gov or call **800-252-8023, extension 7420, or 512-776-7420.**

If you are trying to follow up regarding a newborn screening. The Texas Early Hearing Detection and Intervention (TEHDI) program may be contacted at tehdi@dshs.texas.gov or by calling **512-776-6616 or 800-252-8023.**

The Texas Risk Assessment for Type 2 Diabetes in Children (TRAT2DC) program, formerly known as Acanthosis Nigricans: The Education and Screening (ANTES) program, will provide information at <https://rfes.utrgv.edu>. For all inquiries regarding the TRAT2DC program, they can be contacted at bho@utrgv.edu or by calling **956-665-8900.**

Find Information under Announcements

Announcements

Vision, Hearing, and Spinal Screening Annual Reporting Survey

The Vision, Hearing, and Spinal Screening Annual Reporting Survey (VHSSARS) is a survey-based system designed to provide the user with an intuitive, and easy-to-use means of submitting their annual screening reports. All facilities or school districts must submit their vision, hearing, and spinal screening reports during the reporting period of January 15th to June 30th. The survey link for reporting inactivates after June 30th.

[VHSS Annual Reporting Survey PowerPoint](#) 



Walkthrough

Reminder:

Make sure to have your Facility ID for submitting reports. You will no longer need the Facility Identification Number (FIN) Code.

Facilities need to have their summary of totals available ahead of time to make the reporting process easier when entering the required data because the information must be submitted for all three sections at the same time.

Official Link:

[Vision, Hearing, and Spinal Screening Annual Reporting Survey \(VHSSARS\)](#)



Link

This reporting link is only active during the Annual Reporting Timeframe: January 15th through June 30th. The link is inactive from July 1st through January 14th.

Introduction Slide



Introduction . Welcome to our new Vision, Hearing, and Spinal Screening Annual Reporting Survey (VHSSARS) using Qualtrics. We hope that you will find the simple survey-based reporting interface to be a bit more user-friendly/easy to navigate than the Child Health Reporting System.

Just as with the Child Health Reporting System, your vision, hearing, and spinal screening reports will start **January 15th, and they are due no later than the close of business on June 30th of each year.**

The annual reporting provides data to show if your screening program is effective. The state can make informed decisions that impact children's health and development.

Your responses are confidential - no institution-specific information will be shared. All data will be evaluated and reported in the aggregate.

Each section (Vision, Hearing, and Spinal) must be completed as appropriate for your facility. **Please make sure all your reporting information is complete and correct before beginning the survey.** You will only be allowed one submission per academic year.

** There may be some facilities that may not have children of age to be screened in a given reporting year. Nevertheless, a report is required each academic year, whether or not your facility had children who were required to be screened during that year. If your facility does not have any children that are required to be screened, fill in the appropriate sections with "0"s.*

In the case of Spinal Screenings, for Public and Private Schools, if your facility does not have any ages or grades to be screened, please fill in the appropriate sections with "0"s.

Make sure to have your Facility ID with you before you begin. If you do not know your Facility ID, you can contact your [Regional Program Coordinator](#) or Customer Service through email or by phone: VHSSProgram@dshs.texas.gov, 512-776-7420, Toll-free 800-252-8023 Ext. 7420.

Due to SB 12 (Public School Only)

Public schools will report in each section those students that were exempt due to parents and legal guardians opting out of the school health screenings and in the appropriate columns those children that were screened by the facility or screened by a physician, eye specialist, or hearing specialist during professional examination.

Continue Button



→ Next

Facility Information

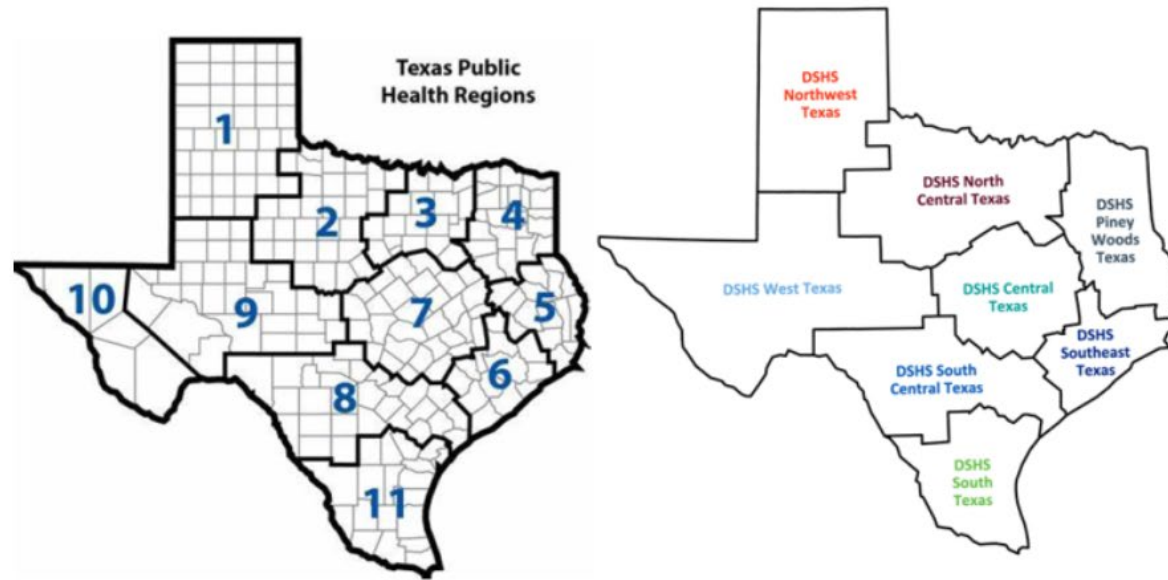
Part 1



Select the Area

Public Health Region

Using the graphics below, please confirm which Public Health Region and County you are located in. You are free to come back to this section to help you find your location.



Region and County

Select one Public Health Region, then select one County

Public Health Regions

Counties



Texas Department of State
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Public Health Region and County



Region and County. Select one Public Health Region, then select one County

Public Health Regions

Counties



- Region 1 North West Texas
- Region 2/3 North Central Texas
- Region 4/5N Piney Woods
- Region 6/5 Southeast Texas
- Region 7 Central Texas
- Region 8 South Central
- Region 9/10 West Texas
- Region 11 South Texas



Region and County. Select one Public Health Region, then select one County

Public Health Regions

Counties



Region 1 North West Texas

- Armstrong
- Bailey
- Briscoe
- Carson
- Castro
- Childress
- Cochran
- Collingsworth
- Crosby
- Dallam
- Deaf Smith



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Select Type of Facility



Please select one. What type of facility are you?

- Public
- Private
- Licensed Child Care Center
- Licensed Child-Care Home

**Facility Type will
reflect survey**



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Health Services

Enter Facility Information



Make sure to enter. Complete each of the sections.

Facility Name

Street Address

Street Address Continued

City

Zip code

Facility ID



You will need to **place N/A** in the second address line if it is not needed

Contact Regional Coordinator for Facility ID



Texas Department of State Health Services

Facility Contact Information

Public and Private Schools

Point of Contact . For Public and Private Schools

Name (First and Last)

Phone Number

Business Phone Number

Email Address

Superintendent or Director

Licensed Child Care Center/ Licensed Child Care Homes

Point of Contact . For Licensed Child Care Centers, Licensed Child-Care Homes

Center Director (First, Last)

Phone Number

Business Phone Number

Email Address

Child Care Center Owner (First, Last)

Phone Number

Email Address



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Health Services

After School Only



After-School Only. Is your Child Care Center or Child Care Home considered afterschool only?
(Facility will only be open to the children after the school day is over).

Yes

No



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Vision

Part 2



Enter Vision Screening Results



Texas Department of State Health Services

Vision Screening. Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Screened with Correction (A1)	Screened with Auto Screening Device (A2)	Screened with Electronic Eye Chart (A3)	Total Number Passed (A4)	Total Number Failed (B0)	Number Failed with Auto Screening Device (B1)	Number Failed with Electronic Eye Chart (B2)	Total Number Referred (C0)	Number Referred with Automated Screening Device (C1)	Number Referred with Electronic Eye Chart (C2)	Total Number Transferred (D0)	Number Transferred with Automated Screening Device (D1)	Number Transferred with Electronic Eye Chart (D2)	Total Number Examined (E-F)	Total No Problem (E0)	No Problem with Automated Screening Device (E1)	No Problem with Electronic Eye Chart (E2)	Total Treatment (F0)	Treatment with Automated Screening Device (F1)	Treatment with Electronic Eye Chart (F2)	Total Referred Not Examined (G0)	Referred Not Examined with Auto Screening Device (G1)	Referred Not Examined with Electronic Eye Chart (G2)	
PK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Texas Department of State Health Services

Vision Screening Results Columns -1



Vision Screening. Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Screened with Correction (A1)	Screened with Auto Screening Device (A2)	Screened with Electronic Eye Chart (A3)	Total Number Passed (A4)	Total Number Failed (B0)	Number Failed with Auto Screening Device (B1)	Number Failed with Electronic Eye Chart (B2)	Total Number Referred (C0)
PK	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



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Vision Screening Results Columns -2

Number Referred with Automated Screening Device (C1)	Number Referred with Electronic Eye Chart (C2)	Total Number Transferred (D0)	Number Transferred with Automated Screening Device (D1)	Number Transferred with Electronic Eye Chart (D2)	Total Number Examined (E-F)	Total No Problem (E0)	No Problem with Automated Screening Device (E1)	No Problem with Electronic Eye Chart (E2)
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0



Vision Screening Results Columns -3

Total Treatment (F0)	Treatment with Automated Screening Device (F1)	Treatment with Electronic Eye Chart (F2)	Total Referred Not Examined (G0)	Referred Not Examined with Auto Screening Device (G1)	Referred Not Examined with Electronic Eye Chart (G2)
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0



Vision Validation Reminder



Validation Reminder. **The following conditions must be satisfied for each grade:**

1. Column A0 must be equal to column A4 + B0.
2. The sum of columns A2 and A3 cannot be greater than column A0.
3. Column B0 must be greater than or equal to column C0.
4. Column C0 must be equal to the sum of columns D0, E-F, and G0.

Please review each of the sections before you move on to the next portion.

Yes

No




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Late Exam Results

Additional Vision. Do you have any late professional exam results to report from the previous school year?

Yes

No

If No, then it will move to the hearing section. If yes, you will see the Late Results Screen 

Late Exam Results. Last Year's Professional Exam

	No Problem	Treatment
PK	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>
4	<input type="text" value="0"/>	<input type="text" value="0"/>



Hearing

Part 3



Enter Hearing Screening Results



Hearing Screening. Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Total Number Passed (A1)	Total Number Failed (B0)	Total Number Referred (C0)	Total Number Transferred (D0)	Total Number Examined (E-F)	Total No Problem (E0)	Total Treatment (F0)	Total Referred Not Examined (G0)
PK	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



Texas Department of State Health Services

Hearing Screening Results Columns -1

Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Total Number Passed (A1)	Total Number Failed (B0)	Total Number Referred (C0)
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0



Hearing Screening Results Columns -2

Total Number Transferred (D0)	Total Number Examined (E-F)	Total No Problem (E0)	Total Treatment (F0)	Total Referred Not Examined (G0)
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0



Hearing Validation Reminder



Validation Reminder. **The following conditions must be satisfied for each grade:**

1. Column A0 must be greater than or equal to column A1 + B0.
2. Column B0 must be greater than or equal to column C0.
3. Column C0 must be equal to the sum of columns D0, E-F, and G0.

Yes

No




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Late Exam Results

Additional Hearing. Do you have any late professional exam results to report from the previous school year?

Yes

No

If No, then it will move to the spinal section. If yes, you will see the Late Results Screen 

Late Exam Results. Last Year's Professional Exam

	No Problem	Treatment
PK	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>



Texas Department of State Health Services

Reminder

- For Licensed Child Care Centers and Licensed Child Care Homes, you will only be required to report the vision and hearing screening results.
- **If you hit the next button for no late results, you cannot go back, and your report will be submitted**



Spinal

Part 4



Enter Spinal Screening Results



Spinal Screening . Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Under Prior Treatment (Do not Screen) (A)	Screened (B)	Rescreened (C)	Total Number Passed	Total Number Failed	Referred (D)	Normal (E)	Scoliosis (F)	Kyphosis (G)	Other (H)	Observation Only (I)	Orthosis (Bracing) (J)	Operation (Surgery) (K)	Other (L)	Results Unavailable (M)
G5F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
G7F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
G8M	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A10F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A12F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A13M	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A14M	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



Texas Department of State Health Services

Spinal Screening Results Columns -1

	Students Unable To Be Screened Due to SB 12 Waiver	Under Prior Treatment (Do not Screen) (A)	Screened (B)	Rescreened (C)	Total Number Passed	Total Number Failed	Referred (D)	Normal (E)
G5F	0	0	0	0	0	0	0	0
G7F	0	0	0	0	0	0	0	0
G8M	0	0	0	0	0	0	0	0
A10F	0	0	0	0	0	0	0	0
A12F	0	0	0	0	0	0	0	0
A13M	0	0	0	0	0	0	0	0
A14M	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0



Spinal Screening Results Columns -2

Scoliosis (F)	Kyphosis (G)	Other (H)	Observation Only (I)	Orthosis (Bracing) (J)	Operation (Surgery) (K)	Other (L)	Results Unavailable (M)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Spinal Validation Reminder



Validation Reminder. **The following conditions must be satisfied for each grade:**

1. Column B must be greater than or equal to the sum of Total Number Passed and Total Number Failed.
2. The Total Number Failed must be greater than or equal to Column D
3. Column D must be equal to the sum of columns E, F, G, H, and M.

Yes

No



Texas Department of State
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Late Exam Results

Additional Spinal. Do you have any late professional exam results to report from the previous school year?

Yes

No

- If you **hit NO** and then next button the **report will end, and you cannot go back.**
- If you **hit YES**, then it will **take you to the late results** page. When you **hit the next button on this page** the **report will be submitted, and you cannot go back.**



Late Exam Results Columns



Late Exam Results. Last Year's Professional Exam

	Normal	Scoliosis	Kyphosis	Other	Observation	Bracing	Surgery	Other
G5F	0	0	0	0	0	0	0	0
G7F	0	0	0	0	0	0	0	0
G8M	0	0	0	0	0	0	0	0
A10F	0	0	0	0	0	0	0	0
A12F	0	0	0	0	0	0	0	0
A13M	0	0	0	0	0	0	0	0
A14M	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0



Texas Department of State Health Services

Submission

Part 5



End of Survey

Facilities are encouraged to download and retain a PDF copy as proof of submission.



We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

[Download PDF](#)

Depending on your computer, you will either find a copy on your recent downloads, or you will need to print for your records.



Texas Department of State
Health Services

Thank you

VHSS Customer Service

Email: VHSSprogram@dshs.texas.gov ;

Phone: 512-776-7420

Toll free: 800-252-8023, Press 7