



# **MCiR Transfer for School Master Systems**

**SRXF Format**

**User Manual**

**July 2010**

This document is subject to revision or withdrawal at any time at the discretion of the  
Michigan Department of Community Health.

# SRXF Fixed Format Record Specifications

---

## Overview

This table contains specifications for the record format used to interact with the MCIR. Specifically, it includes a table that specifies the order, length, starting column, and ending column of each data element (database field) in the format. It also specifies whether a field is required, highly recommended, or recommended for each of the three record types.

### Data Element

A description, or field name, for a string of data in the record.

### Length

The *Length* defines the number of characters used to express the specified data element. For example, the *Child's Date of Birth* has a field length of 8 characters so that the child's birth date can be expressed in a **YYYYMMDD** format; that is, a birth date of June 1, 1996, should be expressed as **19960601** in the record format. Other data elements, such as *Child's First Name*, can contain as many as 40 characters.

### Start and End

The *Start* and *End* columns specify the location of the data element in the record. For instance, *Record Type*—which has a length of one character: A, D, or U—will appear in the first column of the record. The *Child MCIR ID*, which has a length of 12 characters, starts in column 2 and ends in column 13. The next data element, *Patient ID*, starts in column 14, and because it has a length of 20, ends in column 33. This pattern continues across the entire record.

### Required, Highly Recommended, and Recommended Data Elements

The right-half of the table identifies the required, highly recommended, and recommended fields for each record type (add or update child and add encounter, delete encounter, and update responsible party information). When submitting records to the MCIR in this format, please provide as much information as possible in each record. However, some data elements are required or highly recommended for certain record types, as indicated. All other data elements are recommended, though not required, for that record type.

FIELD_LABEL_NM	START_POS_QY	END_POS_QY	LENGTH	DESCRIP_TX
action code*	1	1	1	REQUIRED. action code. A = add. Others TBD.
school district code*	2	6	5	REQUIRED. DOE assigned district code for this school building
school building code*	7	11	5	REQUIRED. DOE assigned building code for this school building
reporting period month*	12	20	9	REQUIRED. school report values: November/February
reporting period year*	21	24	4	REQUIRED. The calendar year in which the reporting month lands. (i.e. for 2010-2011 school year, this field should have a value of 2010 for November and 2011 for February.
UIC id	25	34	10	HIGHLY RECOMMENDED. Unique Identification Code from Department of Education for this student
student identifier	35	64	30	student identifier from sending system
student last name*	65	104	40	REQUIRED. Last name of the student
student first name*	105	144	40	REQUIRED. First name of the student
student middle name	145	184	40	Middle name of the student
student date of birth*	185	192	8	REQUIRED. Student birth date in YYYYMMDD format
student gender	193	193	1	M-Male, F-Female
student street address	194	233	40	street address of the student
student city	234	273	40	city of the student
student state	274	275	2	state of the student
student zip	276	280	5	first five digits of the student's zip code
student zip-4	281	284	4	last four digits of the student's zip code
student area code	285	287	3	area code of student's telephone number in 999 format
student telephone	288	294	7	telephone number of student in 99999999 format
student grade	295	298	4	REQUIRED. grade of the student. Valid grade codes are: DK,K,01,02,03,04,05,06,07,08,09,10,11,12,Alt,SE,AE. DK is for Developmental/Retention Kindergarten. Alt is for Alternative Education. SE is for Special Education. AE is for Adult Education.
date of enrollment	299	306	8	date student entered district in YYYYMMDD format
reserved1	307	606	300	reserved for future use
date of export	607	614	8	REQUIRED. date this export file was created in YYYYMMDD format.
DTaP dose 1 date	615	622	8	date of this dose as YYYYMMDD
DTaP dose 2 date	623	630	8	date of this dose as YYYYMMDD
DTaP dose 3 date	631	638	8	date of this dose as YYYYMMDD

FIELD_LABEL_NM	START_POS_QY	END_POS_QY	LENGTH	DESCRIP_TX
DTaP dose 4 date	639	646	8	date of this dose as YYYYMMDD
DTaP dose 5 date	647	654	8	date of this dose as YYYYMMDD
DTaP dose 6 date	655	662	8	date of this dose as YYYYMMDD
POLIO dose 1 date	663	670	8	date of this dose as YYYYMMDD
POLIO dose 2 date	671	678	8	date of this dose as YYYYMMDD
POLIO dose 3 date	679	686	8	date of this dose as YYYYMMDD
POLIO dose 4 date	687	694	8	date of this dose as YYYYMMDD
POLIO dose 5 date	695	702	8	date of this dose as YYYYMMDD
MMR dose 1 date	703	710	8	date of this dose as YYYYMMDD
MMR dose 2 date	711	718	8	date of this dose as YYYYMMDD
MMR dose 3 date	719	726	8	date of this dose as YYYYMMDD
HepB dose 1 date	727	734	8	date of this dose as YYYYMMDD
HepB dose 2 date	735	742	8	date of this dose as YYYYMMDD
HepB dose 3 date	743	750	8	date of this dose as YYYYMMDD
HepB dose 4 date	751	758	8	date of this dose as YYYYMMDD
HIB dose 1 date	759	766	8	date of this dose as YYYYMMDD
HIB dose 2 date	767	774	8	date of this dose as YYYYMMDD
HIB dose 3 date	775	782	8	date of this dose as YYYYMMDD
HIB dose 4 date	783	790	8	date of this dose as YYYYMMDD
Varicella dose 1 date	791	798	8	date of this dose as YYYYMMDD
Varicella dose 2 date	799	806	8	date of this dose as YYYYMMDD
Varicella dose 3 date	807	814	8	date of this dose as YYYYMMDD
Tdap dose 1 date	815	822	8	date of this dose as YYYYMMDD
Tdap dose 2 date	823	830	8	date of this dose as YYYYMMDD
Tdap dose 3 date	831	838	8	date of this dose as YYYYMMDD
Td dose 1 date	839	846	8	date of this dose as YYYYMMDD
Td dose 2 date	847	854	8	date of this dose as YYYYMMDD
Td dose 3 date	855	862	8	date of this dose as YYYYMMDD
Td dose 4 date	863	870	8	date of this dose as YYYYMMDD
Meningococcal dose 1 date	871	878	8	date of this dose as YYYYMMDD
Meningococcal dose 2 date	879	886	8	date of this dose as YYYYMMDD
reserved1	887	957	71	reserved for future use
Meningococcal Waiver	958	958	1	M-Medical, R-Religious, O-Other, blank if no waiver
Diphtheria Waiver	959	959	1	M-Medical, R-Religious, O-Other, blank if no waiver
Tetanus Waiver	960	960	1	M-Medical, R-Religious, O-Other, blank if no waiver

FIELD_LABEL_NM	START_POS_QY	END_POS_QY	LENGTH	DESCRIP_TX
Pertussis Waiver	961	961	1	M-Medical, R-Religious, O-Other, blank if no waiver
Polio Waiver	962	962	1	M-Medical, R-Religious, O-Other, blank if no waiver
Measles Waiver	963	963	1	M-Medical, R-Religious, O-Other, blank if no waiver
Mumps Waiver	964	964	1	M-Medical, R-Religious, O-Other, blank if no waiver
Rubella Waiver	965	965	1	M-Medical, R-Religious, O-Other, blank if no waiver
HepB Waiver	966	966	1	M-Medical, R-Religious, O-Other, blank if no waiver
HIB Waiver	967	967	1	M-Medical, R-Religious, O-Other, blank if no waiver
Varicella Waiver	968	968	1	M-Medical, R-Religious, O-Other, blank if no waiver
reserved4	969	974	6	reserved for future use
HepB Immunity	975	975	1	Y if had immunity, N otherwise
Measles Immunity	976	976	1	Y if had immunity, N otherwise
Mumps Immunity	977	977	1	Y if had immunity, N otherwise
Rubella Immunity	978	978	1	Y if had immunity, N otherwise
Varicella Immunity	979	979	1	Y if had immunity, N otherwise
reserved	980	989	10	reserved for future use
Birth Certificate	990	990	1	Y if birth certificate on file, N otherwise
Last Physical Date	991	998	8	date of last physical in YYYYMMDD format
Vision screened	999	999	1	Y if had a vision test, N otherwise
Hearing screened	1000	1000	1	Y if had a hearing test, N otherwise

# MCIR Transfer Data Dictionary

---

## Overview

This appendix provides information about each of the fields in the fixed record format. The following information is provided for each field:

- field name;
- field length;
- valid values; and
- a description.

Additional information is provided for individual fields where appropriate.

**Action code**

Field Length 1  
Valid values (A)

A = Add (Others to be determined). Identifies type of record being transmitted to the MCIR/SIRS.

**School district code**

Field Length 5  
Valid values (0-9)

Michigan Department of Education (MDOE)-assigned district code for this school building. *Note: If school district code is unknown, go to [www.michigan.gov/cepi](http://www.michigan.gov/cepi) to obtain it.*

**School building code**

Field Length\* 5  
Valid values (0-9)

MDOE-assigned building code for this school building.

*\*Note: Will need to add a zero (0) to the beginning of building code to fill the 5-digit space.*

**Reporting period month**

Field Length 9  
Valid values November, February

**School** report values: November/February.

**Reporting period year**

Field Length 4  
Valid values yyyy (0-9)

The calendar year of the reporting month (e.g. for 2010-2011 school year, this field should have a value of 2010 for November and 2011 for February).

**UIC ID**

Field Length 10  
Valid values Must be in set (0-9)

Unique identification code number from MDOE.

**Student identifier**

Field Length 30  
Valid values (A-Z, a-z, 0-9, -, ' , #, @, =, [, ], (, ), /, \, blanks)

Unique student identifier from the sending system.

**Student last name**

Field Length 40  
Valid values Must be in set (A-Z, a-z, ' , -, ., blanks)

Last name of student.

**Student first name**

Field Length 40

Valid values Must be in set (A-Z, a-z, ', -, ., blanks)

First name of student.

**Student middle name**

Field Length 40

Valid values Must be in set (A-Z, a-z, ', -, ., blanks)

Middle name of student.

**Student date of birth**

Field Length 8

Valid values YYYYMMDD (0-9)

Date of birth of the student.

**Student gender**

Field Length 1

Valid values (M, F) **M** = Male, **F** = Female

The sex of the student.

**Student street address**

Field Length 40

Valid values (A-Z, 0-9, -, ', #, @, =, [, ], (, ), /, \, blanks)

The street address of the student.

**Student city**

Field Length 40

Valid values (A-Z, 0-9, -, ', #, @, =, [, ], (, ), /, \, blanks)

The city in which the student resides.

**Student state**

Field Length 2

Valid values (A-Z) and must be valid code in table.

The two-letter postal code for the state or province of the student's residence.

**Student zip**

Field Length 5

Valid values (0-9)

First five digits of the student's zip code.

**Student zip-4**

Field Length 4

Valid values (0-9)

Last four digits of the student's zip code.



**Student Area Code**

Field Length 3  
Valid values (0-9)

The area code of the student's phone number in 999 format.

**Student telephone**

Field Length 7  
Valid values (0-9)

The phone number of the student in 99999999 format.

**Student grade**

Field Length 4  
Valid values (DK, K, 01-12, Alt, SE, AE)

**DK** is for Developmental/Retention Kindergarten. **Alt** is for Alternative Education. **SE** is for Special Education. **AE** is for Adult Education (*Please note that students 20 years and older will be rejected by the system and reported as an error.*)

**Date of enrollment**

Field Length 8  
Valid values YYYYMMDD (0-9)

Date student entered district.

**Reserved**

Field Length 300  
Valid values Reserved for future use

Reserved for future use.

**Date of export**

Field Length 8  
Valid values YYYYMMDD (0-9)

Date this export file was created in YYYYMMDD format.

**Dose date fields**

Field Length 8  
Valid values YYYYMMDD (0-9) and must be valid date on or after child's date of birth.

Date the immunization was given to the student.

**Reserved**

Field Length 71  
Valid values Reserved for future use.

Reserved for future use

**Waiver fields (Meningococcal, Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, HepB, HIB, Varicella)**

Field Length 1  
Valid values (M, R, O, blank)

**M** for Medical waiver (“MDCH Medical Contraindication Form” DCH-0713)

**R** for Religious waiver

**O** for Other type of waiver (“MDCH Immunization Waiver Form” DCH-0716)

Leave this field blank (NULL) if there is no waiver on file for the particular antigen or vaccine.

**Reserved**

Field Length 6  
Valid values Reserved for future use.

Reserved for future use

**Immunity fields (HepB, Measles, Mumps, Rubella, Varicella)**

Field Length 1  
Valid values (Y, N)

**Y** if has immunity to that antigen due to documented history of disease or a positive blood titer

**N** if no documented immunity to the antigen

**Reserved**

Field Length 10  
Valid values Reserved for future use.

Reserved for future use

**Birth Certificate**

Field Length 1  
Valid values (Y, N)

**Y** if birth certificate on file, **N** otherwise.

**Last Physical Date**

Field Length 8  
Valid values YYYYMMDD (0-9)

Date of student’s last physical.

**Vision screened**

Field Length 1  
Valid values (Y, N)

**Y** if had a vision test, **N** otherwise.

**Hearing screened**

Field Length 1  
Valid values (Y, N)

**Y** if had a hearing test, **N** otherwise.