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Development of Health Screening Information System for Elementary School Children at Dalam Kaum Sambas Public Health Center, Sambas Regency, West Kalimantan

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ABSTRACT Dalam Kaum Sambas Public Health Center is one of the public health centers that carry out the main activities of health improvement efforts in the form of promotive and preventive efforts, namely health screening for elementary school children, which are carried out manual causing problems such as the length of recording, drawing conclusions based on examination results and recapitulation that are at risk of errors. This study aimed to develop an Information System for Primary School Children's Health Screening (SIPEKASDA) at Dalam Kaum Sambas Public Health Center. This research design contributes to simplifying the implementation of data search networks, assisting the recapitulation of inspection results, the recapitulation results can be used as supporting data for school health coaching, and data that is not easily lost, safe, and can be accessed anywhere. This research method is Research and Development (R&D) with system design using the Waterfall model and system evaluation with the EUCS End User Computing Satisfaction (EUCS) model. The design of the Information System in this study includes a Data Flow Diagram, Flowchart, Entity Relationship Diagram and User Interface, which produces an Information System with several menus, namely processing student data, parents, student class mapping, health checks and recapitulation of school-based health check results. The results obtained from SIPEKASDA include; the presentation of examination results data and recapitulation of examination results per school, village and sub-district. The quality of the Primary School Children's Health Screening Information System assessed from the evaluation of information systems using the End User Computing Satisfaction (EUCS) model is very good, which reaches 83.58%. One of the principles of using information systems is timelines or the speed of information systems in responding to what is done by its users, presenting data promptly and up to date so that the use of information systems can increase. Problems in recording inspection results, data processing, data recapitulation, report making, and ease of accessing the system can be adequately resolved after the system is made.

INDEX TERMS SIPEKASDA, Health Screening, Elementary School

I. INTRODUCTION

School-based health services provide essential and developmentally appropriate services for children who spend most of their time in school [1]. WHO defines School Health Services (SHS) as services provided by health workers to students enrolled in primary or secondary education, either within or outside of school [2]. In Indonesia, school-based health services, known as "School Health Units (UKS)" were established to meet students' health needs, offering more accessible and student-oriented care [3]. UKS aims to help students with minor accidents, first aid efforts for first aid accidents, provide essential health services during school immunization and monitor student growth and development and nutritional status [4].

School-age children are a strategic target for the implementation of health programs. In addition to their large number (17%) among the population, they are also an easy

target to reach because they are well organized. The Pure Enrollment Rate data for 2021 estimated that primary and secondary school children will reach 45.3 million peoples [5], [6].

Health problems experienced by students are very complex and varied. Students' health problems at elementary school are generally related to nutritional imbalances, dental health, refractive errors, helminthiasis, and infectious diseases related to clean and healthy living behavior [7]. Seeing the existing problems, school health units through the school health unit (UKS) prioritized on efforts to improve health in promotive and preventive forms [8], [9].

Preventive efforts include health screening activities (health screening) for students. Health screening is a medical examination procedure that is carried out to sort (screen) children who are healthy and unhealthy and can be used for mapping the health of students [10]. This activity was carried out to meet the Minimum Service Standards (SPM) requirements in fostering health [8].

Students health screening activities are aligned with the school health goals set out in Health Law No. 36 of 2009 article 79, which is to improve students healthy living abilities in a healthy living environment so that students can learn, grow, and develop harmoniously and to the fullest extent become quality human resources [11]. In 2015 the Director General of Nutrition and Child Development of the Republic of Indonesia supported student screening activities by issuing technical guidelines for health screening and periodic checks in primary and secondary education units [8].

The Community Health Center in Kaum Sambas is a health center located in Sambas District, Sambas Regency, West Kalimantan Province, which is one of the health centers that has carried out the main activities of the health center, namely health screening for school children since 2016. This health screening activity for school children is one of the flagship programs of the Community Health Center in Dalam Kaum Sambas until now. There are several previous studies that are similar and some differences in terms of research variables, research methods and research locations. The originality of the research can be compared with other studies as follows:

TABLE 1
Research Authenticity

No	Research Title	Description	Results
1	Development of Online Health Report Information System [10]	Research by developing Information Systems by involving system users, namely students and not yet in accordance with the overall screening form.	The Information System was developed for the documentation of adolescent health records, including weight weighing, height measurement, blood pressure, upper arm circumference, abdominal circumference, BMI calculation, and anemia checking.
2	Development of Adolescent Health Information System at Public Health Center Bantul II, Bantul Regency [3]	This research aims to answer the problem of recording the results of health screening in adolescents which is still done conventionally.	Utilization of Information Systems in the process of recording examinations in terms of convenience, place, access time, and data results by the provisions of index grouping. This research has not equipped with a coaching plan.
3	Application of School Health Effort Database at Elementary School Level in Surabaya City [12]	Research that focuses on the implementation of the Trias school health unit, recording and reporting systems at the school health unit Implementation Team at the primary school level using the epi info version 3.5.4 program.	Utilization of the database generates information on school environmental health education, services and guidance that is used for school health unit program planning.
4	Development and Application of School Health Information System (UKS) in Purwakarta District [7]	Research to assist the implementation of school health unit management in improving the quality of reports and achievements of	The research facilitates data input, automation in calculations, speed in data processing and data accuracy based on the database used, providing information on the

No	Research Title	Description	Results
		SCHOOL HEALTH UNIT activities is online using Visual Basic language.	school health unit program based on data updating carried out according to needs.

From the TABLE 1, this research has a differentiator from the literature study above, namely health screening conducted on elementary school children, making it easier for activity implementers to record, recapitulate, present data, analyze data, and plan school children health coaching. Based on the preliminary study by conducting interviews with the person in charge of the program and the medical examination team, the information obtained is that the health screening activities of school children in recording the results of their examinations are still carried out manually and conventionally. In this study, the researcher examined several activities that were felt to be still being carried out, and the results were less than optimal and caused new problems. Among them: the slow process of recording examination results, data is not collected centrally, allowing files to be scattered and even lost, and the difficulty of searching, tracking, processing, recapitulating data and analyzing examination results data so that it can cause other problems in health coaching in elementary school children. The researchers designed databases, system flows, and interfaces as materials in developing an Information System for Elementary School Children's Health Screening at the Public Health Center in Dalam Kaum Sambas, Sambas Regency - West Kalimantan to support the activity. Author in this study has research contributions for the community health center in Dalam Kaum Sambas, among others:

a. Simplify the implementation of the network in the search for data
b. Assisting the community health center in recapitulating examination results
c. Recapitulation can be used as supporting data for school health coaching in the future
d. Data is not easily lost, safe, and can be accessed anywhere.

II. MATERIALS AND METHODS

This study uses descriptive analysis with qualitative methods in problem identification and quantitative methods in evaluating the information system developed based on system user satisfaction. Qualitative variables are taken from potential existing problems, while quantitative variables use the dimensions of the End User Computing Satisfaction (EUCS) model. EUCS is a model that can evaluate information systems regarding user satisfaction. The initial concept of end-user satisfaction emphasized the cognitive or belief aspects of a particular application or system that is fast and easy to use [13].

Data processing from 5 variables, namely Completeness of Content (A), Format (B), Ease of use (C), Accuracy (D), and Speed/timelines (E) is a calculation of the number of each instrument is then divided by the maximum score of each instrument. The percentage of each instrument immediately can be seen from the results of this calculation [14]. The research instrument used in the research on the Development of Information Systems for Elementary School Children Health Screening is an interview guide used to gather information on problems, analyze the needs of the information system to be developed and determine the type of data used. While the questionnaire sheet is used as a medium for user evaluation of information systems tested for use as material for evaluating the quality of information systems [15]. Information obtained from interviews at the problem identification stage will be examined (edited) and grouped (coding) by adjusting the predetermined data collection format, the data collected, complete and precise, then carried out the content analysis and narrative form in a systematic and objective manner. Qualitative data analysis aims to find existing problems and needs in developing information systems. Data obtained from the questionnaire assessment at the system evaluation stage, then grouped and sorted by variable, then analyzed using descriptive analysis. The descriptive method is research conducted to determine the existence of an independent variable, either only on one variable or more (stand-alone variable) without making comparisons and looking for relationships between these variables and other variables) [13][16].

The population in this study were all parties involved in developing an information system for screening elementary school children's health. The subjects of this study were system users, one person in charge of health screening activities, paramedical officers consisting of Nutritionists, Nurses, Midwives, Dental and Oral Therapists, and UKS in charge of each school. Research conducted by researchers is a type of research development or Research and Development (R&D). Of the ten stages of Research and Development (R&D), researchers simplified the stages. The simplification of this stage is based on the opinion of Borg and Gall who suggest limiting research to a small scale,

including the possibility of limiting research steps [13].

Researchers carried out the simplification of the research stages due to adjusting the available time, capabilities, and needs in research. However, they still need to reduce the characteristics and essentialization of the Research and Development (R&D) method. The R&D process includes potential and problem analysis, data collection, information system design using the waterfall method, information system design validation, information system testing, and information system revision [17]. The information system quality evaluation stage intends to measure the quality of the information system developed by testing and assessing the system to system users using the End User Computing Satisfaction (EUCS) model [18]. The process of EUCS itself is carried out by making a context diagram that contains details of the parts of the system to be created, which is depicted in FIGURE 1, and the flowchart of the SIPEKASDA application, which will be used to be tested and assessed by system users which are depicted in Figure 2. The dimensions of EUCS consist of completeness of the content, accuracy, format, ease of use, and timelines. Statistical analysis in this study only uses descriptive evaluation points and focuses on system usage with the End User Computing Satisfaction (EUCS) model [17].

III. RESULT

Research on developing health screening information systems for elementary school children was developed using the Waterfall model. System identification and analysis is a process of exploring all information that has the potential to become a problem in an ongoing activity. Respondents in the potential and problem analysis stage included three teams of paramedical examinations (Nurses, Nutritionists, Dental and Oral Therapists) as the Main Informants and one person in charge of the school children's health screening program as the Triangulation Informant. Seven stages in the implementation of system identification and analysis are made, namely inspection, recording, recording constraints, overcoming recording constraints, recapitulation, data collection, and making information system designs.

The results of the research analysis of potentials and problems will be used as material in developing a health screening information system according to the needs of system users. The quality of the information system that has been created will be tested using the End User Computing Satisfaction (EUCS) model on its five dimensions, namely Content Completeness, Accuracy, Format, Ease of Use, and Timelines. The potential information and problems that researchers get are as follows:

A. CHECKUP

Health checks carried out by paramedics in elementary school children's health screening activities are health checks on students according to their respective health fields. Nutritionists measure height and weight to determine nutritional status or Body Mass Index. The nurse checks vital and physical signs such as eyes, hearing, hair, nails and fitness [19]. Meanwhile, the Dental and Oral Therapist examines cavities, types of teeth, oral hygiene (OHIS) and other cavity diseases. The information regarding the examination conducted by the main informant is as follows:

"Examination of vital signs and physical examination such as hair, nails, eyes, ears and fitness. The hair is seen as dandruff or not, branched or not. We usually test our eyes using the letters of the alphabet, whether the vision is minus or not…." (Main Informant 1)

"First, overall health examination including nutritional status, eye health, ear health, hearing, dental and oral health, reproductive, emotional, and physical fitness…" (Triangulation Informant)

Explanation regarding the examination carried out by paramedics is a comprehensive examination such as nutritional status, eye health, hearing, teeth, mouth and physical fitness.

B. RECORDING

The recording of the results of medical examinations by paramedics is still manually as outlined in the examination form provided for each paramedic. Beginning with an examination of the students, the paramedic officer pours out information on the examination results written on the examination form. Information on how to record the results of the inspection is as follows:

"We usually record the results of the inspection by filling out the prepared form. Vital signs and fitness manually using a ballpoint pen…" (Main Informant 1)

"So far, for recording examination results such as nutritional status data, vital signs, teeth and mouth, they still use forms manually. Each section: nutrition, nursing and dentistry have its form..." (Triangulation Informant).

The triangulation informant explained that the way to record the results of the examinations carried out by the paramedical team was by writing the examination results in data into a form owned by each paramedic, including child health checks, immunizations, family health, lifestyle, reproduction, emotional mentality, intelligence, vital signs, nutritional status, personal hygiene, vision, hearing, teeth and oral cavity, assistive devices and physical fitness.

C. RECORDING PROBLEMS

Obstacles to recording referred to here are obstacles experienced by paramedics while pouring the results of their examinations on the inspection form that has been prepared. Obstacles or obstacles experienced by paramedics in recording the results of their examinations were that the format of the examination form provided was not by the data on the examination results to be presented. For example, the type of tooth did not yet exist.

In addition, student identity data is written repeatedly on the examination form owned by each paramedic so that it can take up examination time. The paramedic officer also said that there was a special assessment of the examination items which could affect the conclusions of the examination assessment.

"The format of the form is incomplete or not according to what we want... Our examination includes special assessments such as the examination of nails. In the examination of the nails, there are 5 points of examination, from the length of the nails to the color under the nails… From these five points, if one judges them wrong, the conclusions can also be wrong…." (Main Informant 1)

"What is clear is that the obstacles in recording and recording take quite a long time... sometimes the data we get is incomplete and does not match the form that has been prepared, there is another calculation of emotional value carried out by students who experience errors from assessing emotional symptoms to hyperactivity, and that must be categorized… if a miscalculation is wrong, the category is automatically wrong…." (Triangulation Informant)

The triangulation informant said that the format for filling in the examination results did not match the information needs to be presented, such as the column for recording oral disease did not exist. These calculations found that there were errors in scoring calculations made by the students themselves.

D. OVERCOMING OBSTACLES REGISTRATION

Overcoming obstacles in recording in question is how paramedics handle existing problems to expedite and shorten the process of recording examination results. Paramedic officers overcome obstacles in recording the examination results by making forms and notes precisely according to the needs of the data to be poured. Paramedics provide mental and emotional examination questionnaire forms for students to complete and calculate their examination scores. However, it is common to find errors in calculating the mental and emotional examination assessments to shorten recording time.

"Slowly, we make the format according to what we need… Sometimes because we want to be fast…. The mental and emotional assessment form is given to students to fill in, and they calculate their assessment…. Sometimes we find some scoring miscalculations…." (Main Informant 1)

"Usually, we make the form ourselves, in which there is an odontogram for the teeth, so to make it easier or shorten the examination time, we have written down the cases. For example caries, regarding email, dentinal caries, pulp, radicle then wotspot and so on, we just have to check the list" (Main Informant 3)

"Paramedical officers also make their forms to accommodate examination data according to their needs..." (Triangulation Informant)

In addition, to speed up the recording, the paramedic officer takes a picture of the student's identity using a cellphone and then sends it to another paramedic according to the number of absences so that the student's identity is checked correctly.

E. DATA COLLECTION

Each paramedic officer carried out data collection on the examination results before going through the data recap stage first, for example in the nutrition section. Nutritionists manually calculated the Body Mass Index or BMI for each student, then recap based on the obesity, normal and thin categories.

After that, the recapitulation and inspection form results are submitted to the person in charge of the program. Examination forms that are still separate for each officer are arranged according to the student's identity.

"We collect the data from the inspection results to the person in charge of the program...but before that, let us recap it first. For example, how many blood pressures are normal… how many are abnormal… After that, the recapitulation results are given to the person in charge of the program…" (Main Informant 3)

The person in charge collects data on the examination results, but before being collected the paramedic officers carry out a recapitulation according to the examination. The separate examination forms are arranged according to the identity of each student.

F. INSPECTON RESULT REPORT

The report on the results of the examination is a recapitulation of the data on the results of the examination by each paramedic officer so far it is still done manually, so accuracy is needed in calculating. The manual calculation has the potential to experience errors that can result in repetition.

"Because the recording is done manually on a blank, so in recapping each inspection, accuracy is required because counting one by one for each student resulted in a delay in making reports because we had to manually recap… making it difficult to recap and make reports…" (Main Informant 1)

"The problem is when recording data from the inspection results, it requires accuracy. It takes quite a long time to count, not to mention if there is an error in counting, it can be calculated from the beginning…." (Main Informant 3)

The paramedic officers still do the recap manually, counting one by one which requires great precision and a long time. For example, recapitulating nutritional status, regular, thin, or obese are counted one by one according to the category of nutritional status.

G. INFORMATION SYSTEM DESIGN

Information system design is carried out to meet the needs at the problem identification stage, needs analysis,
and information system components needed by programmers in developing information systems. The results of the information system design by problem identification and needs analysis in Elementary School Children's Health Screening activities are as follows:

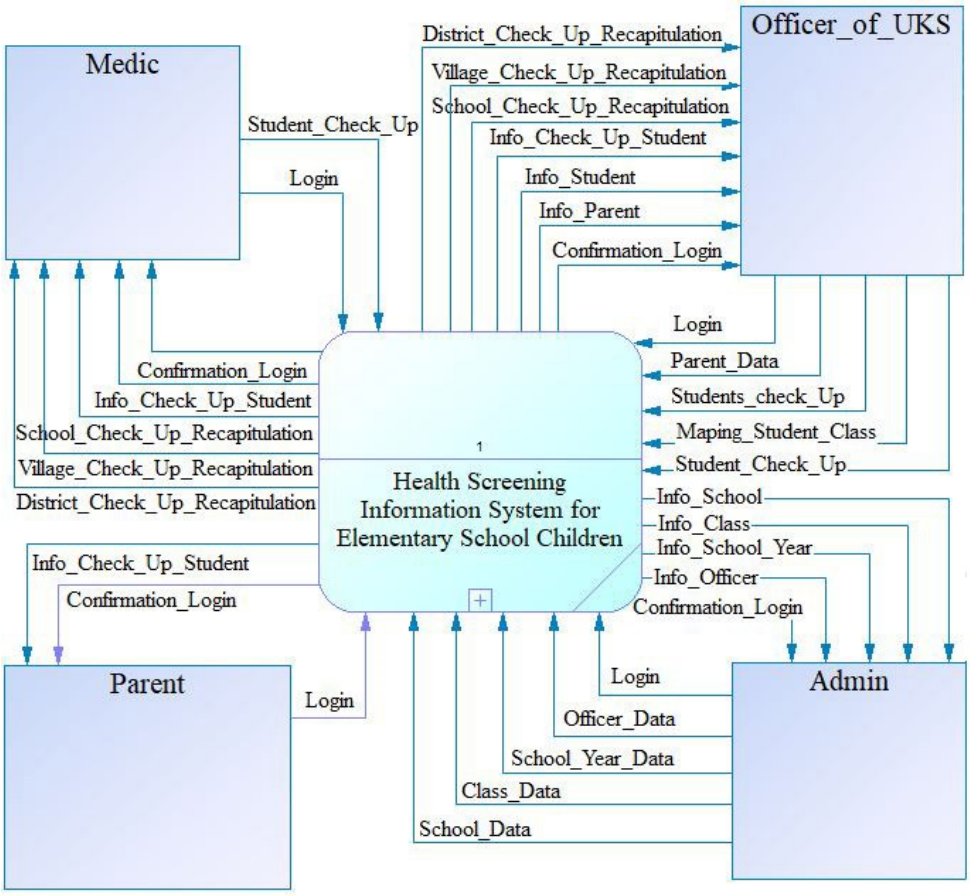

FIGURE 1. Context Diagram

Based on the FIGURE 1, SIPEKASDA entities or users include administrators, paramedics, UKS officers and parents. All of these processes are stored/related to the data storage database for each process. The admin can add, change and delete officer, class, school year and school data in each database. The important thing in managing these officers is the arrangement of granting levels/access rights to paramedical officers consisting of Nurses, Nutritionists, Dental and Oral Therapists, which are stored in the user database.

The UKS officer is responsible for adding, modifying and deleting student data in the student database. In this process, adding students is related to the presence of data on parents, schools and sub-districts, which must be available first because they will be included in adding/changing student data [20]. The UKS officer is also responsible for class mapping students who experience class changes/advancements. The student class mapping data is stored in the student class mapping database. In this process, student class mapping is related to the existence of data for the school year, students and classes that must be available first because they will be involved in the student class mapping process. In addition, the UKS staff also conducted an examination based on a questionnaire which included an examination of the child's medical history, immunization, family health, lifestyle, reproduction, mental-emotional and intelligence.

Paramedical officers are responsible for health checks based on their respective fields. Nutritionists measure height and weight to determine nutritional status or Body Mass Index. The nurse checks vital signs, personal hygiene, vision, hearing, assistive devices and fitness. At the same time, the Dental and Oral Therapist performs dental and oral examinations [21]. Student health checks are based on examination parameters adjusted to the class and age of the student. The role of parents here is only to be able to see the results of the student's health examination, namely their child [22], [23].

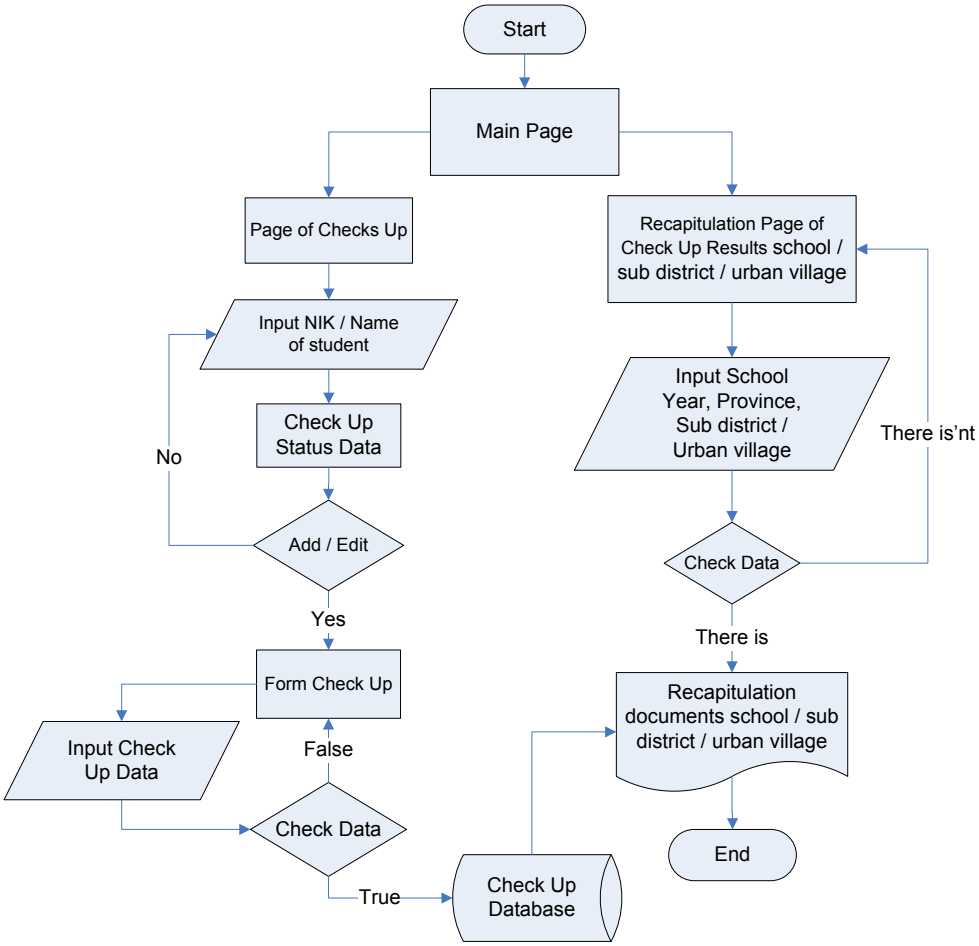

FIGURE 2. SIPEKASDA Flowchart

Based on the FIGURE 2, School Health Unit officers and paramedics in carrying out examinations can enter the student's name or Student Identity Number to be examined in the student search box. Once found, the officer can enter data on the inspection results on the inspection form. Input data will be corrected in advance by the system regarding the suitability of data types and data fields that have not been filled in. The data will be stored in the inspection database after going through data correction. However, if the data is incorrect, the user will still be in the inspection form with data error notifications [24].

UKS officers and paramedics can also print examination results recapitulation documents per school, urban village, and sub-district. Officers are asked to enter the school year, province, district, sub-district / urban village / school before displaying the desired summary. Recapitulation data will appear if the data is in the inspection database and vice versa. The data will not appear if the inspection data is not in the inspection database [25].

In addition to designing Data Flow Diagrams and Flowcharts, researchers also designed user interfaces and Entity Relationship Diagrams. An entity Relationship Diagram (ERD) is a model for compiling a database to describe the relationships between entities [26]. User Interface is a concept of visual design, interaction design, and information infrastructure into one to increase the ease of use of information systems [17].

After they understand the system and run it, a questionnaire will distributed to be assessed as an evaluation of the information system that has been developed. The processing and analysis of data obtained on the system evaluation questionnaire can be seen in the following table:

TABLE 2
Variable Scoring Results

Variabel	Indicator	Total Score	Maximum Score	Percentage Total Score	Average Percentage Total Score
Content	A11	87	88	98.86	
	A12	88	88	100.00	
	A21	88	88	100.00	
	A22	88	88	100.00	
	A23	88	88	100.00	**99.37**
	A31	88	88	100.00	
	A32	86	88	97.73	
	A4	88	88	100.00	
	A5	86	88	97.73	
Format	B1	172	220	78.18	
	B2	176	220	80.00	
	B3	176	220	80.00	**79.18**
	B4	175	220	79.55	
	B5	172	220	78.18	
Ease to use	C1	170	220	77.27	
	C2	174	220	79.09	
	C3	182	220	82.73	**79.64**
	C4	171	220	77.73	
	C5	179	220	81.36	
Accuracy	D1	174	220	79.09	
	D2	178	220	80.91	
	D3	180	220	81.82	**80.36**
	D4	175	220	79.55	
	D5	177	220	80.45	
Timeline	E1	169	220	76.82	
	E2	178	220	80.91	
	E3	178	220	80.91	**79.36**
	E4	177	220	80.45	
	E5	171	220	77.73	

Based on TABLE 2, the process that has been carried out from making the context diagram and flowchart of SIPEKASDA, the researcher will evaluate the users of the application that has been designed using a questionnaire that has several questions so that officers who use the application can provide varied answers both based on the usefulness of the application and when there is input from users. The data obtained for the evaluation of the system operated and analyzed in the discussion section are as follows.

IV. DISCUSSION

A. INFORMATION SYSTEM QUALITY EVALUATION BY USERS

Evaluation of the Quality of SIPEKASDA by information system users using the EUCS (End User Computing Satisfaction) model was carried out on 44 potential active users, consisting of 2 Nutritionists, 7 Nurses, 4 Dental and Oral Therapists, 10 Midwives, and 21 school health unit officers foundation that is under the work area of the Dalam Kaum Sambas Public Health Center. Researchers first presented the information system that had been developed, and users also tried the system directly.

Data processing from 5 variables, namely Completeness of Content (A), Format (B), Ease of use (C), Accuracy (D), and Speed/timelines (E). The average calculation of the percentage of the total score of the content variable (A) with nine instruments gets a percentage of 99.37% which indicates that information system users are delighted with the content or information data presented by SIPEKASDA both in terms of inspection data, recapitulation of inspection results and the information system can show the distribution of inspection results based on inspection parameters. A good information system is a system that can present the information needed by its users as a whole, complete and structured [28], [29].

The evaluation results on the Display/Format variable (B) with five instruments obtained an average percentage of 79.18%. Information system users are satisfied with the appearance or user interface owned by SIPEKASDA in terms of performance, menu use, recapitulation presentation

and color composition in the hope that users will easily interact with the information system. The quality of the information system can be measured by using the layout/view, the better the view is directly proportional to the user's interaction with the information system [29], [30].

The results of the information system evaluation based on the variable Ease of use (C) with five instruments obtained an average percentage of 79.64%. This assessment is based on how to access the system, menu layout, print recapitulation to the availability of instructions for using the information system to make it easier for system users to operate the information system. In line with Nielsen's opinion that the importance of Ease of use of the system is to motivate users in operating information systems [31].

SIPEKASDA user satisfaction from the Accuracy (D) variable with five instruments achieves an average percentage of 80.36%, indicating that system users are delighted with the truth or accuracy of the data presented. Information quality is influenced by the accuracy of the data presented with good information design in an information system [32].

The results of the satisfaction evaluation on the Timeline variable (E) with five instruments obtained an average percentage of 79.36%. System users are satisfied with the information generated by the information system, so they can be relied upon when they need data. One of the principles of using information systems is the timelines or speed of the information system in responding to what is done by its users, presenting data in a timely and up-to-date manner so that the use of information systems can increase [33],[34].

To get the results of the End User Computing Satisfaction (EUCS) assessment, that is by adding up all the average percentages of each variable and then dividing it by the number of existing variables, namely five.

$$EUCS\ (\%) = \frac{99.37 + 79.18 + 79.64 + 80.36 + 79.36}{5} x100 = 83.58\%$$

From the above calculation, an assessment of the quality evaluation results of the Elementary School Children's Health Screening Information System was obtained using the End User Computing Satisfaction model of 83.58%.

Evaluation of the quality of the information system referred to in this study is the user's perception of the quality of the information produced by the information system in order to obtain the information needed to determine the weaknesses and strengths of an information system [35], [36]. User satisfaction has a central role in developing information systems [37], [38]. The success dimension of user satisfaction is the level of user satisfaction when using information systems [39]. The development and improvement of information systems will continue to be carried out if there are changes to the rules, the required data output and user interface refreshments according to the wishes and needs of information system users based on the results of the previous information system quality evaluation [15], [40].

B. OPERATION AND MAINTENANCE

The health screening information system for elementary school children tested for functionality and is considered valid/correct has been implemented in the subdomain owned by the Sambas Dalam Community Health Center located at the Sambas Regency Communication and Information Office with a website link: http://pkmsambas.sambas.go.id/sipekasda/. The use of the information system will continue to be monitored. However, if there are still errors in functionality, programmers will make revisions as information system developers, accompanied by researchers and health screening program holders.

C. RESEARCH LIMITATIONS

This research is only a system development research and system evaluation results based on the satisfaction of using the system that has been developed both in terms of appearance, content, accuracy, speed, and ease of use. The Primary School Child Health Screening Information System has limitations on examining primary school students, and the reporting is still limited to schools and health centers. Data recording of examination results is based on health report books and additional notes if cases need follow-up attention.

V. CONCLUSION

The focus of this research is to develop an information system for primary school children's health screening (SIPEKASDA) at Dalam Kaum Sambas Public Health Center, which will be tested and evaluated by users using the EUCS (End User Computing Satisfaction) model was carried out on potential active users that is under the work area of the Dalam Kaum Sambas Public Health Center. Based on the results obtained by researchers conducting research on the development of Elementary School Children's Health Screening Information Systems by applying the End User Computing Satisfaction (EUCS) information system evaluation model categorized as Very Satisfying. This research is not finished here, the next plan is that this information system can be developed again, which means not only for elementary school children but also for junior high school and high school levels. In addition, reporting is limited to the community health center and higher levels, such as the health department. Furthermore, researchers can add the distribution of examination results as a health coaching plan in schools.

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