

## Student Health Record Review Sheet

**Answer each item with Y = Yes, N = No. If no, make comment in comments section.**

**Legend:** (F.S)-Florida Statutes, (F.A.C.)-Florida Administrative Code, (FSHAG)-Florida School Health Administrative Guidelines, (K)-Kindergarten, (H)-Hearing, (V)-Vision, (G)-Growth & Development (BMI), (S)-Scoliosis, (IHP)-Individualized Healthcare Plan, (ECP)-Emergency Care Plan, (prn)-as needed, (NANDA)-North American Nursing Diagnosis Association, (NASN)-National Association of School Nurses, (Hx)-health history, (FERPA)-Family Educational Rights and Privacy Act

County:	School:	Reviewer:	Date:			
<b>Recommended selection for health record review:</b> Four students with various chronic conditions		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	
<b>Student's current grade level</b>						
<b>Student's initials</b>						
<b>Health condition</b>						
Reference	Item for review					
s.1003.25, F.S. Ch. 64F-6.005(1)(a-h), F.A.C., 6A-1.0955 (4)(a) F.A.C. FSHAG IV, 18 pg.3-4	Cumulative health record maintained for each student: Each physical record contains the following information <u>OR</u> the information can be retrieved electronically while on-site.					
Ch. 64D-3.046, F.A.C. FSHAG IV-18-3 Ch. 64F-6.005(1a), F.A.C.	Immunization certification (DH 680) or electronic transfer present; current for grade, OR:					
s. 1002.20(3)(b), F.S. s. 1003.22(5)(a)(c), F.S. s. 1003.22(5)(b), F.S.	Temporary exemption (part B) current, permanent exemption (part C) or DH 681 Religious Exemption provided					
64F-6.005 F.A.C.	Health hx – if chronic conditions, IHP present					
s. 1003.22(1), F.S., Ch. 6A-6.024 F.A.C., FSHAG IV-18-4 Ch. 64F-6.005(1d) F.A.C.	School Entry Health Exam (DH 3040 or equivalent) present (exemption 1002.20(3)(a))					
Ch. 64F-6.005(1g) , F.A.C.	Documentation of nursing assessments, consultations, recommendations and results					
Ch. 64F-6.005(1h), F.A.C.	Documentation- physician's orders, parental permission to administer medication or medical treatments in school					
s. 1002.22, F.S. Ch. 6A-1.0955, F.A.C.	The confidentiality of all student health records shall be protected in accordance with: <ul style="list-style-type: none"> <li>• Section 1002.22, Florida Statutes - Education records and reports of K-12 students; rights of parents and students; notification; penalty.</li> <li>• Florida Administrative Code Rule 6A-1.0955 Education Records.</li> </ul>					
<b>64F-6.003 F.A.C., s. 381.0056(4)(a)(6-9), F.S. FSHAG III-3</b>	<b>Mandated screenings provided in required grades:</b>	<b>Circle documented screenings</b>				
↓	K = Hearing (H) Vision (V)	H V	H V	H V	H V	
↓	1 <sup>st</sup> grade = Hearing, Vision, growth/development with BMI	H V G	H V G	H V G	H V G	
↓	3 <sup>rd</sup> grade = Vision, Growth & Development w/BMI	V G	V G	V G	V G	
↓	6 <sup>th</sup> grade = Hearing, Vision, Growth & Development w/BMI, Scoliosis	H V G S	H V G S	H V G S	H V G S	
↓	K-5 <sup>th</sup> entering FL schools for 1 <sup>st</sup> time = Hearing, Vision	H V	H V	H V	H V	

<b>Emergency Information Form</b>					
Ch. 64F-6.004(1)(a) F.A.C., FSHAG III-7-1	Emergency Information form available/updated annually				
FERPA, 34 CFR 99.31 & 99.36 s. 1002.22, F.S.	Parental permission to share personal health information (exemption- appropriate personnel in cases of health & safety emergencies)				
↓	Contact person and contact information				
↓	Family physician				
↓	Allergies and Significant health history				
↓	Parental authorization for emergency care				
<b>Individualized Healthcare Plan</b>					
↓	Student specific demographics – name, photo if possible, grade, date of birth				
↓	Parent/Guardian contact information				
↓	Allergies-meds, foods, insects, anaphylaxis history				
↓	Nursing Assessment (per RN) to include: history of compliance, level of independent function (i.e. self- admin.), student specific symptoms, physical activity/limitations, medications-dose, route, time				
↓	Nursing Diagnosis (per NANDA guidelines)				
↓	Desired health & education goals/outcomes				
↓	Interventions to achieve goals- (this should include specific delegation & training of delegated nursing interventions with a list of who is trained/delegated				
↓	Information for special accommodations, if applicable				
↓	Review/evaluate and update annually & prn				
<b>Emergency Care/Action Plan for staff distribution (separate or in IHP)</b>					
↓	Demographic-student name, ID number, grade, dob, parent & emergency contacts information with phone numbers				
↓	Health problem with brief description or definition				
↓	Signs/symptoms student may experience				
↓	Medication taken at school or may be needed in emergency				
↓	Interventions to be utilized in case of emergency				
↓	When to call 911				
↓	Any special precautions				
<b>Comments:</b> (list any comments from any findings that are pertinent – i.e. transfer student & all screenings not yet received, or physical done per parent, proof of request from MD for copy, etc.)					