

Student Health Record Review Sheet 2020-2021

Legend: Body Mass Index (**BMI**), Code of Federal Regulations (**CFR**), [Florida Administrative Code \(FAC\)](#), [Family Educational Rights and Privacy Act \(FERPA\)](#), School Health Administrative Resource Manual (**SHARM**), Medication Use in Schools Resource Manual (MUSRM)-**Highlighted Items are recommended in SHARM or MUSRM and will result in recommendation.**

Answer “Y” (Yes) or “N” (No) for each item reviewed; for mandated screenings, circle each documented screening

County:	School:	Reviewer:	Date:			
Recommended health record review: <i>Four students including with chronic conditions</i>			#1	#2	#3	#4
Student's current grade level						
Student's initials						
Health condition						
I. References			#1	#2	#3	#4
Cumulative Health Record						
s. 1003.25, F.S. Ch. 64F-6.005(1)(a-h), FAC Ch. 6A-1.0955 (4)(a), FAC	Cumulative health record maintained for each student paper or electronic.					
s. 1003.22(4), F.S. Ch. 64D-3.046, FAC Ch. 64F-6.005(1)(a), FAC SHARM, p. 32	Immunization certification (Form DH 680) present and current for grade level;					
	or:					
s. 1002.20(3)(b), F.S. s. 1003.22(5)(a-e), F.S.	Temporary medical exemption current; or, permanent medical exemption or Religious Exemption (Form DH 681) provided					
s. 1002.20(3)(a), F.S. s. 1003.22(1), F.S. Ch. 6A-6.024, FAC Ch. 64F-6.005(1)(d), FAC SHARM, p. 34	School Entry Health Exam (Form DH 3040 or equivalent) present, unless documented as exempt pursuant to Florida statute and/or administrative code.					
Ch. 64F-6.005 FAC	Documentation of health history, chronic conditions, treatment plans, nursing assessments, IHPs, health counseling, consultations, recommendations, referrals and follow-ups					
s. 1006.062(1)(b)(1) Ch. 64F-6.005(1)(h), FAC	Documentation of physician's orders and parent permission to administer medication or medical treatments in school					
s. 1002.22, F.S. Ch. 6A-1.0955, FAC 34 CFR §§99.30—99.36 (FERPA) SHARM, p. 48	The confidentiality of all student health records shall be protected					
II. References			#1	#2	#3	#4
Mandated screenings						
s. 381.0056(4)(a)(6-9), F.S. Ch. 64F-6.003 FAC	K Hearing (H) Vision (V)		H V	H V	H V	H V
	1 st grade: Hearing, Vision, Growth & Development with BMI (G)		H V G	H V G	H V G	H V G
	3 rd grade: Vision, Growth & Development with BMI		V G	V G	V G	V G
	6 th grade: Hearing, Vision, Growth & Development with BMI, Scoliosis		H V G S	H V G S	H V G S	H V G S
	K-5 th , entering FL schools for first time: Hearing, Vision		H V	H V	H V	H V
III. References			#1	#2	#3	#4
Emergency Information Form						
Ch. 64F-6.004(1)(a), FAC SHARM p. 27	Emergency Information form available/updated annually					
	Emergency contact person and contact information					
	Physician's name and contact information					
	Allergies and Significant health history					
	Parent/guardian permission for emergency care documented (written or electronically), or documentation of attempt(s) to obtain permission was unsuccessful; or parent/guardian documented refusal to provide consent for emergency care maintained in student's health record					

IV. References	Individualized Healthcare Plan (IHP)	#1	#2	#3	#4
s.1006.062, F.S. Ch. 64F-6.005(1)(b), FAC Ch. 6A-6.0253(1)(d), FAC Ch. 6A-6.0251, FAC Ch. 6A-6.0252, FAC NASN IHP Position Statement SHARM, p. 16 & p. 24-26	Student specific				
	Nursing assessment, nursing diagnosis, goals/outcomes, interventions, evaluation of outcomes				
	Annual review and updating the IHP as necessary				
	Demographics, current photo if possible, parent/guardian and health care provider contact information				
	Level of independent function (e.g., medication self-administration), student specific symptoms, physical activity/limitations (including special accommodations necessary); review of all medications				
	Known allergies to foods, insects or medications; any previous episodes of anaphylaxis				
	Specific designated UAP trained and authorized to provide the services				
V. References	Emergency Care Plan (ECP)/Emergency Action Plan (EAP) for distribution to appropriate staff (separate or in IHP)	#1	#2	#3	#4
s.1002.20(h)(i)(j), F.S. s.1006.062, F.S. Ch. 64F-6.004(4), FAC Ch. 64F-6.005(1)(b)(h), FAC Ch. 6A-6.0253(1)(c)(d), FAC Ch. 6A-6.0251, FAC Ch. 6A-6.0252, FAC Ch. 6A-6.0253, FAC NASN IHP Position Statement SHARM, p. 24-26	Student specific				
	Interventions to be performed in case of emergency				
	When to call 911				
	Any special precautions				
	Demographics (student name, grade, date of birth), current photo if possible, emergency contacts and their phone numbers				
	Health problem with brief description or definition				
	Signs and symptoms the student may experience				
Medication(s) the student takes or may need in case of emergency					
VI. References	Medication Administration Record (MAR)	#1	#2	#3	#4
s. 1006.062(1)(b)(2), F.S.	Initial and refill pill/dose counts documented				
MUSRM page 47	Student demographics: name, age, DOB, grade, ID, photo (if available)				
	Allergies (medication, food, environmental, etc.)				
	Medication: name, dose, route, frequency, time administered in school				
	Name/initials/signature of persons administering medications				
	Explanation documented for medications not administered				

COMMENTS: _____
