

## FLORIDA DEPARTMENT OF HEALTH CUMULATIVE HEALTH RECORD (not intended for physician's use)

NOTE - Additional student health information in folder, school clinic or electronic student health record: (please specify):\_\_\_\_

lame				Race/F	Ethnicity	S	ex S	chool				_
ddress												_
ather/Guardian's N	lame				Mother/	/Guardian's N	ame:					_
ate of Birth	<u>/</u> /	Plac	e of Birth						Birth	Recorded:	☐ Yes	☐ No
orm DH 680 Certifi												_
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Assessment by Grade Level	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral
Vision	202			11010112			***************************************	11010				
Hearing												
Growth & Develop- ment with BMI			<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>			<u> </u>
Scoliosis	<u> </u>	<u> </u>	<del></del>	<u> </u>	<b></b> '	<del>                                     </del>	,	ļ	<b></b> '	<b></b>	<b>  </b>	<del></del>
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Nursing Assessment			<del> </del>	<u> </u>	<b> </b>		ı		<u> </u> '	<b></b>	1	<del> </del>
Chronic/Complex Health Conditions			<del> </del>	<u> </u> '	<u> </u>	<del>                                     </del>			<b></b> '	<b></b>	<b></b>	<b> </b>
Communicable Disease			i		1				'		1 ]	i
Other				<u> </u>								
Screening and		2 <sup>nd</sup>				3 <sup>rd</sup>				4t		
Assessment by Grade Level	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral
Vision	<u> </u>	<u> </u>	<del></del>	<u> </u> '	<u> </u>	<del>                                     </del>	j	<u> </u>	<b></b> '	<b></b>	$\longrightarrow$	<del></del>
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Disease Other		-		<b></b>	<b></b> '	<del>                                     </del>	, <del></del> '	<u> </u>	<b> </b>	<del>                                     </del>	+	<del></del>
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Assessment by	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of
Grade Level Vision	Date	Date	Referral	Referral	Date	Date	Referral	Referral	Date	Date	Referral	Referral
Hearing			<u> </u>									
Growth & Develop- ment with BMI												
Scoliosis		<u> </u>	<del></del>	<u> </u> !	<b></b> !	<b></b> '	<b></b> '	<u> </u>	<u> </u> '		$\longmapsto$	<del></del>
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Assessment Chronic/Complex			<del> </del>	<u> </u>	<b></b>	ļ	<del>                                     </del>		<u> </u> '	<b></b>		<del> </del>
Health Conditions  Communicable			<del></del>	<u> </u> '	<b></b> '	<u> </u>	<del>                                     </del>	<u> </u>	<u> </u> '	<b></b>	<del>                                     </del>	<del>                                     </del>
Disease Other		-	<del></del>	<u> </u> '	<b></b>	<u> </u>	<del>                                     </del>	<u> </u>	<b> </b> '	<b></b>	<del>                                     </del>	<del>                                     </del>
Screening and	<del>                                     </del>	8th	n		$\vdash$	9th	<u></u> '		<del> </del>	Oth	ner.	
Assessment by	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of
Grade Level	Date	Date	Referral	Referral	Date	Date	Referral	Referral	Date	Date	Referral	Referral
Vision Hearing	<del> </del>	-		<del> </del>	<del> </del>		<del>                                     </del>	-	<del> </del>	<del>                                     </del>	<del>                                     </del>	ı
Growth & Develop- ment with BMI												
Scoliosis				+	<del>                                     </del>			<u> </u>				
Record Review				1	ļ	ſ <u></u>				ſ <u></u>	[ <u></u> ]	
Nursing Assessment												
Chronic/Complex Health Conditions			<u> </u>									
Communicable Disease			_ 		ſ <u></u> '				ſ <u></u> '	<u> </u>		
Other		,	,	,	1	(			,	1		1

NARRATIVE RECORD (continued)

Date	Notes	Signature

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Information on chronic/complex health conditions (including allergies), injuries, surgeries, communicable disease, other (specify below):

## Narrative Record

Notations by registered nurses, delegated staff, unlicensed assistive personnel and educators should be dated and signed. The narrative record should include information concerning abnormal screening results, referrals and outcomes; nursing assessments; teacher observations; parent conferences; Section 504 of the American's with Disabilities Act or Individuals with Disabilities Education Act (IDEA) accommodations; and home visitation notes. Health services provided should be documented in the clinic log and individualized treatment and/or medication administration record (written or computerized). Educators need only record information concerning teacher observations and educational decisions made for students in the classroom, bus or other school sponsored activities, and other health information.

Date	Notes	Signature

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