

## Student Health Record Review Sheet 2017-2018

**Legend:** Body Mass Index (**BMI**), Code of Federal Regulations (**CFR**), Emergency Care Plan (**ECP**), [Florida Administrative Code \(FAC\)](#), [Family Educational Rights and Privacy Act \(FERPA\)](#), School Health Administrative Resource Manual (**SHARM**), [Florida Statutes \(F.S.\)](#), Growth and Development (**G**), Hearing (**H**), Individualized Health Care Plan (**IHP**), Kindergarten (**K**), Scoliosis (**S**), Vision (**V**)

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

County:	School:	Reviewer:	Date:			
<b>Recommended health record review:</b> <i>Four students including with chronic conditions</i>		<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>						
I. References	Cumulative Health Record	#1	#2	#3	#4	
s. 1003.25, F.S. Ch. 64F-6.005(1)(a-h), FAC Ch. 6A-1.0955 (4)(a), FAC SHARM,48	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,32	<b>Immunization certification (Form DH 680)</b> present and current for grade level;  <b>or:</b>					
s. 1002.20(3)(b), F.S. s. 1003.22(5)(a-e), F.S.	Temporary medical exemption current; or, permanent medical exemption or <b>Religious Exemption (Form DH 681)</b> provided					
Ch. 64F-6.005 FAC	Health history: including chronic condition and treatment plan					
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,34	<b>School Entry Health Exam (Form DH 3040)</b> or equivalent present, unless documented as exempt pursuant to statutes.					
Ch. 64F-6.005(1)(f),(g), FAC	Documentation of nursing assessments, IHPs, health counseling, consultations, recommendations and results					
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)	The confidentiality of all student health records shall be protected					
II. References	Mandated screenings	#1	#2	#3	#4	
s. 381.0056(4)(a)(6-9), F.S. Ch. 64F-6.003 FAC	<b>K</b> Hearing (H) Vision (V)	H V	H V	H V	H V	
	<b>1<sup>st</sup> grade:</b> Hearing, Vision, Growth & Development with BMI (G)	H V G	H V G	H V G	H V G	
	<b>3<sup>rd</sup> grade:</b> Vision, Growth & Development with BMI	V G	V G	V G	V G	
	<b>6<sup>th</sup> grade:</b> Hearing, Vision, Growth & Development with BMI, Scoliosis	H V G S	H V G S	H V G S	H V G S	
	<b>K-5<sup>th</sup>, entering FL schools for first time:</b> Hearing, Vision	H V	H V	H V	H V	
III. References	Emergency Information Form	#1	#2	#3	#4	
Ch. 64F-6.004(1)(a), FAC SHARM,26	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				
s. 1002.22, F.S. 34 CFR §§99.30—99.36 (FERPA)	Parental permission to share personal health information (exception: appropriate personnel in cases of health & safety emergencies)				
<b>IV. References</b>	<b>Individualized Healthcare Plan (IHP)</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
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,16 & 24-25	Student specific demographics, current photo whenever possible, parent/guardian and health care provider contact information				
	Known allergies to foods, insects or medications; any previous episodes of anaphylaxis				
	Nursing assessment by RN to include: level of independent function (e.g., medication self-administration), student specific symptoms, physical activity/limitations (including special accommodations necessary), medications				
	Nursing diagnosis				
	Planned desired health & education goals and outcomes				
	Nursing interventions to achieve goals and outcomes including information about delegated interventions and the specific designated UAP trained and authorized to provide the services				
	Nursing evaluation ongoing and updated annually				
	Review of all medications ordered by the provider including dose, route and time(s) of administration				
	Schedule for reviewing and updating the IHP				
<b>V. References</b>	<b>Emergency Care Plan (ECP)/Emergency Action Plan (EAP) for distribution to appropriate staff (separate or in IHP)</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
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 SHARM, 24	Student specific demographics (student name, ID number, grade, date of birth), current photo whenever possible, emergency contacts and their phone numbers				
	Health problem with brief description or definition				
	Signs and symptoms the student may experience				
	Medication the student takes at school or may need in case of emergency				
	Interventions to be performed in case of emergency				
	When to call 911				
	Any special precautions				
<b>VI. References</b>	<b>Medication Administration Record (MAR)</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
s. 1006.062(1)(b)(2), F.S. 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				
	Initial and refill pill/dose counts documented				