

Student Health Record Review Sheet 2016-2017

Legend: Body Mass Index (**BMI**), Code of Federal Regulations (**CFR**), Emergency Care Plan (**ECP**), [Florida Administrative Code \(FAC\)](#), [Family Educational Rights and Privacy Act \(FERPA\)](#), [Florida School Health Administrative Guidelines \(FSHAG\)](#), [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: | | | |
|--|---|------------|------------|------------|------------|--|
| Recommended health record review: <i>Four students with various chronic conditions</i> | | #1 | #2 | #3 | #4 | |
| Student's current grade level | | | | | | |
| Student's initials | | | | | | |
| Health condition | | | | | | |
| Reference | 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 FSHAG IV, 18-3,18-4 | Cumulative health record maintained for each student in hard copy <u>or</u> the information can be retrieved electronically while on site. | | | | | |
| s. 1003.22(4), F.S. Ch. 64D-3.046, FAC Ch. 64F-6.005(1)(a), FAC FSHAG IV-18-3 | Immunization certification (Form DH 680) or electronic transfer (www.FLShots.com) present and current for grade level; or: | | | | | |
| s. 1002.20(3)(b), F.S. s. 1003.22(5)(a-e), F.S. | Temporary exemption current; or, permanent exemption or Religious Exemption (Form DH 681) provided | | | | | |
| Ch. 64F-6.005 FAC | Health history: if chronic conditions, IHP present | | | | | |
| s. 1003.22(1), F.S. Ch. 6A-6.024, FAC Ch. 64F-6.005(1)(d), FAC FSHAG IV-18-4 | School Entry Health Exam (Form DH 3040) or equivalent) present, unless documented as exempt pursuant to s. 1003.22(1), F.S. and s. 1002.20(3)(a), F.S. | | | | | |
| Ch. 64F-6.005(1)(f),(g), FAC | Documentation of nursing assessments, plans of care, health counseling, consultations, recommendations and results | | | | | |
| 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 | | | | | |
| Reference | Mandated screenings | #1 | #2 | #3 | #4 | |
| s. 381.0056(4)(a)(6-9), F.S. Ch. 64F-6.003 FAC FSHAG III-3 | K Hearing (H) Vision (V) | H V | H V | H V | H V | |
| | 1st grade: Hearing, Vision, Growth & Development with BMI (G) | H V G | H V G | H V G | H V G | |
| | 3rd grade: Vision, Growth & Development with BMI | V G | V G | V G | V G | |
| | 6th 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-5th, entering FL schools for first time: Hearing, Vision | H V | H V | H V | H V | |
| Reference | Emergency Information Form | #1 | #2 | #3 | #4 | |
| Ch. 64F-6.004(1)(a), FAC FSHAG III-7-1 | Emergency Information form available/updated annually | | | | | |
| | Emergency contact person and contact information | | | | | |
| | Physician's name and contact information | | | | | |
| | Allergies and Significant health history | | | | | |

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|--|---|-----------|-----------|-----------|-----------|
| Ch. 64F-6.004(1)(a), FAC FSHAG III-7-1 | 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 (exemption: appropriate personnel in cases of health & safety emergencies) | | | | |
| Reference | Individualized Healthcare Plan (IHP) | #1 | #2 | #3 | #4 |
| s.464.003(20)(a) F.S. 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 Ch. 6A-6.0253, FAC FSHAG III-6 | 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. self-admin.), 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 | | | | |
| Reference | 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 FSHAG III-6 | Student specific demographics (student name, ID number, grade, dob), 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 | | | | |
| Comments: | | | | | |
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