## **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:		
Recommended selection for health record review: A minimum of 2 students with reported health condition/s and 2 students with no reported health conditions			#1	#2	#3	#4
	Student's current of	grade level				
Identifier/Health Condition						
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 Each physical record contains the following in <u>OR</u> the information can be retrieved electronic on-site.	formation cally while				
Ch. 64D-3.046, F.A.C. FSHAG IV-18-3 Ch. 64F-6.005(1a), F.A.C.	Immunization certification (DH 680) or electro 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, permane exemption (part C) or DH 681 Religious Exempt provided					
64F-6.005 F.A.C. 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.	Health hx – if chronic conditions, IHP present School Entry Health Exam (DH 3040 or equiv present (exemption 1002.20(3)(a)	alent)				
Ch. 64F-6.005(1g) , F.A.C.	Documentation of nursing assessments, cons recommendations and results	ultations,				
Ch. 64F-6.005(1h) , F.A.C.	Documentation- physician's orders, parental properties to administer medication or medical treatments					
Ch. 64F-6.005(2a,b) , F.A.C.	If confidential health information stored separa states this on/in cum record.	ately, it				
64F-6.003 F.A.C., s. 381.0056(4)(a)(6-9), F.S. FSHAG III-3	Mandated screenings provided in required	grades:	Circle dod		_	
<b>V</b>	K = Hearing (H) Vision (V)		H V	ΗV	H V	H V
<b>\</b>	1 <sup>st</sup> grade = Hearing, Vision, growth/developme		ΗV	H V G	H V G	H V G
<b>\</b>	3 <sup>rd</sup> grade = Vision, Growth & Development w/		G V	V G	V G	V V
<b>\</b>	6 <sup>th</sup> grade = Hearing, Vision, Growth & Develop w/BMI, Scoliosis	oment	H V G S	H V G S	H V G S	H V G S
<b>V</b>	K-5 <sup>th</sup> entering FL schools for 1 <sup>st</sup> time = Hearin	g, Vision	ΗV	H V	H >	H V
	Emergency Information Form					
Ch. 64F-6.004(1)(a) F.A.C., FSHAG III-7-1	Emergency Information form available/update					
FERPA, 34 CFR 99.31 & 99.36	Parental permission to share personal health inf (exemption- appropriate personnel in cases of h safety emergencies)					
<u> </u>	Contact person and contact information					
<u> </u>	Family physician					
<b>\</b>	Allergies and Significant health history					

Student specific demographics – name, photo if possible, grade, date of birth	$\downarrow$	Parental authorization for emergency care		
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 & prr  Emergency Care/Action Plan for staff distribution (separate or in IHP)  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  Health problem with brief description or may be needed in emergency  Interventions to be utilized in case of emergency  When to call 911  Any special precautions				
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