**Student Health Record Review Sheet 2021-2022**

**Legend**: Body Mass Index (BMI), Code of Federal Regulations (CFR), [Florida Administrative Code (FAC)](https://www.flrules.org/default.asp), [Family Educational Rights and Privacy Act (FERPA)](http://162.140.57.127/cgi-bin/text-idx?SID=3e3023124f88fd29b9d843891ccd95af&mc=true&tpl=/ecfrbrowse/Title34/34cfr99_main_02.tpl), School Health Administrative Resource Manual (SHARM), Medication Use in Schools Resource Manual (MUSRM)-Items recommended SHARM or MUSR and not in statute or rule will result in recommendation only.

***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: *Four students including with chronic conditions* | **#1** | **#2** | **#3** | **#4** |
| Student’s current grade level |  |  |  |  |
| Student’s initials |  |  |  |  |
| Health condition |  |  |  |  |
| **I. References** | Cumulative Health Record  | **#1** | **#2** | **#3** | **#4** |
| [s. 1003.25, F.S.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1003.25&URL=1000-1099/1003/Sections/1003.25.html)[Ch. 64F-6.005(1)(a-h), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.005) [Ch. 6A-1.0955 (4)(a), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=6A-1.0955) | Cumulative health record maintained for each student paper or electronic. |  |  |  |  |
| [s. 1003.22(4), F.S.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1003.22&URL=1000-1099/1003/Sections/1003.22.html)[Ch. 64D-3.046, FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64D-3.046)[Ch. 64F-6.005(1)(a), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.005)[SHARM, p. 32](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/SchoolHealthAdministrativeResourceManualRev20217621FINAL.pdf) | [Immunization certification (Form DH 680)](http://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/documenting-immunizations/index.html) present and current for grade level; or:Temporary medical exemption current; or, permanent medical exemption or [Religious Exemption (Form DH 681)](http://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/immunization-exemptions/index.html) provided |  |  |  |  |
| [s. 1002.20(3)(b), F.S.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1002.20&URL=1000-1099/1002/Sections/1002.20.html) [s. 1003.22(5)(a-e), F.S.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1003.22&URL=1000-1099/1003/Sections/1003.22.html) |  |  |  |  |
| [s. 1002.20(3)(a), F.S.](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=1000-1099/1002/Sections/1002.20.html)[s. 1003.22(1), F.S.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1003.22&URL=1000-1099/1003/Sections/1003.22.html)  [Ch. 6A-6.024, FAC](https://www.flrules.org/gateway/ruleNo.asp?id=6A-6.024) [Ch. 64F-6.005(1)(d), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.005)[SHARM, p. 34](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/SchoolHealthAdministrativeResourceManualRev20217621FINAL.pdf) | [School Entry Health Exam](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/school-health-entry-exam-form-dh3040-chp-07-2013.pdf) ([Form DH 3040](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/school-health-entry-exam-form-dh3040-chp-07-2013.pdf) or equivalent) present, unless documented as exempt pursuant to Florida statute and/or administrative code. |  |  |  |  |
| [Ch. 64F-6.005, FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.005)  | 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)](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1006.062&URL=1000-1099/1006/Sections/1006.062.html)[Ch. 64F-6.005(1)(h), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.005) | Documentation of physician’s orders and parent permission to administer medication or medical treatments in school  |  |  |  |  |
| [s. 1002.22, F.S.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1002.22&URL=1000-1099/1002/Sections/1002.22.html)[Ch. 6A-1.0955, FAC](https://www.flrules.org/gateway/ruleNo.asp?id=6A-1.0955)[34 CFR §§99.30—99.36 (FERPA)](https://www.ecfr.gov/cgi-bin/text-idx?SID=0841bc7686c1f2c15cbe22e9e19ac2ac&mc=true&node=sp34.1.99.d&rgn=div6)[SHARM, p. 48](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/SchoolHealthAdministrativeResourceManualRev20217621FINAL.pdf) | 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.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=381.0056&URL=0300-0399/0381/Sections/0381.0056.html) [Ch. 64F-6.003, FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.003) | 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 VG S | H VG S | H VG S | H VG S |
| K-5th, entering FL schools for first time: 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](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.004) [SHARM p. 27](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/SchoolHealthAdministrativeResourceManualRev20217621FINAL.pdf) | 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; orparent/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.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1006.062&URL=1000-1099/1006/Sections/1006.062.html)[Ch. 64F-6.005(1)(b), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.005)[Ch. 6A-6.0253(1)(d), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=6A-6.0253) [Ch. 6A-6.0251, FAC](https://www.flrules.org/gateway/ruleno.asp?id=6A-6.0251)[Ch. 6A-6.0252, FAC](https://www.flrules.org/gateway/ruleno.asp?id=6A-6.0252)[NASN IHP Position Statement](http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-The-Role-of-the-School-Nurse-Revised-January-2015)[SHARM, p. 16 & p. 24-26](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/SchoolHealthAdministrativeResourceManualRev20217621FINAL.pdf) | 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.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1002.20&URL=1000-1099/1002/Sections/1002.20.html)[s.1006.062, F.S.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1006.062&URL=1000-1099/1006/Sections/1006.062.html)[Ch. 64F-6.004(4), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.004)[Ch. 64F-6.005(1)(b)(h), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=64F-6.005)[Ch. 6A-6.0253(1)(c)(d), FAC](https://www.flrules.org/gateway/ruleNo.asp?id=6A-6.0253) [Ch. 6A-6.0251, FAC](https://www.flrules.org/gateway/ruleno.asp?id=6A-6.0251)[Ch. 6A-6.0252, FAC](https://www.flrules.org/gateway/ruleno.asp?id=6A-6.0252)[Ch. 6A-6.0253, FAC](https://www.flrules.org/gateway/ruleNo.asp?id=6A-6.0253)[NASN IHP Position Statement](http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-The-Role-of-the-School-Nurse-Revised-January-2015)[SHARM, p. 24-26](http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/SchoolHealthAdministrativeResourceManualRev20217621FINAL.pdf) | 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.](http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=1006.062&URL=1000-1099/1006/Sections/1006.062.html) | Initial and refill pill/dose counts documented |  |  |  |  |
| [MUSRM page 47](http://sss.usf.edu/resources/format/pdf/med_in_use.pdf)  | 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:**