

## Student Health Record Review Sheet 2021-2022

**Legend:** Body Mass Index (BMI), Code of Federal Regulations (CFR), [Florida Administrative Code \(FAC\)](#), [Family Educational Rights and Privacy Act \(FERPA\)](#), School Health Administrative Resource Manual (SHARM), Medication Use in Schools Resource Manual (MUSR) - 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: <i>Four students including with chronic conditions</i>			<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	
Student's current grade level							
Student's initials							
Health condition							
<b>I. References</b>		Cumulative Health Record		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
s. 1003.25, F.S. Ch. 64F-6.005(1)(a-h), FAC Ch. 6A-1.0955 (4)(a), FAC		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, p. 32		Immunization certification ( <a href="#">Form DH 680</a> ) present and current for grade level;  or:  Temporary medical exemption current; or, permanent medical exemption or <a href="#">Religious Exemption (Form DH 681)</a> provided					
s. 1002.20(3)(b), F.S. s. 1003.22(5)(a-e), F.S.							
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, p. 34		School Entry Health Exam ( <a href="#">Form DH 3040</a> or equivalent) present, unless documented as exempt pursuant to Florida statute and/or administrative code.					
Ch. 64F-6.005, FAC		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) 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 <a href="#">34 CFR §§99.30—99.36 (FERPA)</a> SHARM, p. 48		The confidentiality of all student health records shall be protected					
<b>II. References</b>		Mandated screenings		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
s. 381.0056(4)(a)(6-9), F.S. Ch. 64F-6.003, FAC		K Hearing (H) Vision (V)		H	V	H	V
		1 <sup>st</sup> grade: Hearing, Vision, Growth & Development with BMI (G)		H	V	H	V
		3 <sup>rd</sup> grade: Vision, Growth & Development with BMI		G		G	
		6 <sup>th</sup> grade: Hearing, Vision, Growth & Development with BMI, Scoliosis		H	V	H	V
		K-5 <sup>th</sup> , entering FL schools for first time: Hearing, Vision		G	S	G	S
				V	G	V	G
				H	V	H	V
<b>III. References</b>		Emergency Information Form		<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
Ch. 64F-6.004(1)(a), FAC SHARM p. 27		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					

IV. References	Individualized Healthcare Plan (IHP)	#1	#2	#3	#4
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  <a href="#">SHARM, p. 16 &amp; p. 24-26</a>	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. 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 NASN IHP Position Statement  <a href="#">SHARM, p. 24-26</a>	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.  MUSR M page 47	Initial and refill pill/dose counts documented  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: \_\_\_\_\_

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