

# ***Chapter 3***

## ***Registration Requirements, Record Keeping And Confidentiality***



## Chapter 3

### Record Keeping and Confidentiality

#### ***Maintenance of Health Records***

According to Florida Administrative Code 64F-6, personnel authorized by School Board policy shall maintain cumulative health records on each student in the school. Such records shall include information regarding:

- Immunization status and certification.
- Health history, including any chronic conditions and treatment plan.
- Screening tests, results, follow-up and corrective action.
- Health examination report.
- Documentation of injuries and/or episodes of sudden illness referred for emergency health care.
- Documentation of any nursing assessments done, written care plans, counseling in regards to health matters and results.
- Documentation of any consultation with school personnel, students, parents, guardians, or service providers about a student's health problem, recommendations, and results.
- Documentation of physician's orders and parental permission to administer medication or medical treatments given in the school.

#### ***Confidentiality***

FERPA is a Federal law that protects the privacy of students' "education records." FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education. This includes virtually all public schools and school districts and most private and public postsecondary institutions. The term "education records" is broadly defined to mean those records that are: (1) directly related to a student, and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. At the elementary or secondary school level, students' immunization and other health records that are maintained by a school district or individual school, including a school-operated health clinic, that receives funds under any program administered by the U.S. Department of Education are "education records" subject to FERPA, including health and medical records maintained by a school nurse who is employed by a school district. Therefore, if the nurse is hired as a school official, the records maintained by the nurse or clinic are "education records" subject to FERPA. Education records in public schools are covered by FERPA and are specifically exempted from the HIPAA Privacy Rule.

If publicly funded schools transmit personally identifiable student health information electronically to Medicaid or an insurance company for health services, they must comply with applicable requirements of the HIPAA Transaction Rule.

The HIPAA Privacy Rule allows covered health care providers to disclose protected health information about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent.

Any information placed in a student cumulative health record is confidential and should not be released without written consent of the parent or guardian. Confidential information shall include notes taken during a counseling session or mental health assessment and evaluation. Access to the cumulative health record should be limited to those with a genuine need to know and as per School Board Policy. Health records may be kept inside the student's cumulative folder in the records vault or in a locked cabinet inside the health room.

### ***Confidentiality Issues and Students with Communicable Diseases/Chronic Health conditions***

Many times school personnel are placed in the position of answering questions from numerous concerned parents about the spread of a particular disease in the school setting or if a student has a particular disease. The most common and most difficult example is meningitis. Word of a case of meningitis or other infectious disease in a school can cause widespread panic in parents and even school staff. It is important to maintain the confidentiality of the student who has been diagnosed with a communicable disease whether it is meningitis, HIV, or Tuberculosis, etc.

Do not release the name of the student with the particular disease to parents, members of the community, or even school staff. Only school staff with a legitimate need to know (as determined by the principal) should be informed. However, in a school setting, there are few cases of other personnel that have a genuine need to know. In general, only the principal, or his/her designee, shall determine who, if anyone, should have access to student health-related information.

Inadvertent or intentional release of confidential information such as a medical diagnosis in association with a student can place the employee and the school district at considerable legal risk.

General advice regarding the spread of a disease, prevention of spread, and control measures can frequently be given without compromising a student's right to confidentiality. On medical issues, the School District, with direction from the Health Department, will establish a plan of action based on individual situations.

## NEW STUDENT REGISTRATION

### SCHOOL ENTRY IMMUNIZATION AND MEDICAL EXAMINATION LAW FLORIDA STATUTE 1003.22

The school entry immunization and medical examination law (Florida Statute 1003.22) should be enforced when registering new students in Clay County.

#### ***School Entry Immunization Requirements***

For the current school year, form DH 680 and form DH 681 (Religious Exemption) are the only acceptable immunization certifications for admittance to a public or non-public school, grades Pre-K-12. These new requirements apply only to first time students entering into the Florida School System in grades Pre-K-12. There will be no 30-day grace period allowed for first time students.

Students who are currently enrolled, with proper documentation, who transfer from one school to another; from public to private school; from one county system to another within the State of Florida, etc., do not need new certification, but will be requested to present a copy of their old DH 680 prior to entering. The DH 680 forms will be screened for proper documentation. There will be selected cases that will require the parent to contact their private physician, NAS Jax, or the Clay County Health Department for correction or completion of the DH 680. THESE REQUIREMENTS APPLY TO SUMMER SCHOOL ENTRIES ALSO.

Students transferring from counties within the State of Florida can be granted a grace period up to thirty (30) days in which to receive a copy of the records from the transferring school via Florida Automated System for Transferring Education Records (FASTER). This must be checked as the child enrolls. If there is a question about the spacing of immunizations or if dates of immunizations are missing, no thirty (30) day grace period will be allowed. All new students must present a form DH 680 upon enrollment or the school must receive the hard copy transferred from the previous school.

If the family has a copy of the student's immunization record (DH 680), this will ensure that their child will not be delayed in enrolling in a new school because of the lack of immunization certification.

#### ***School Entry Medical Examination***

- All initial entry students to a Florida public or private school must present certification of a medical examination within twelve (12) months prior to the date of Florida school entry.
- Certification of an examination during the past twelve (12) months by a certified medical provider will be valid. The exam must be comparable to the Florida DH form 3040 with the review of systems etc. An out of state physical exam will be accepted as long as it complies with the above.
- Prior to beginning school, all students who are new Florida entries must confirm their doctor's appointment if not in compliance. Each school should compile a list of all

new Florida entries (K through 12) noting grade level and date of doctor's appointment.

- Exceptions: as noted in the law, exemption is permitted for religious reasons.
- The continued use of DH form 3040 for recording the examination findings was recommended by the department of education. This form 3040 should not be reproduced and distributed to parents. All physicians and Navy Hospitals have copies.
- Schools are to follow procedures for temporary exclusion for non-compliance.

### ***Procedures for carrying out temporary exclusion policy for non-compliance with health records requirement***

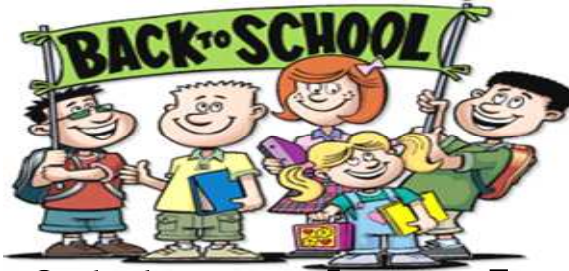
Immunizations:

- Florida Transfers: Students transferring from another county in Florida will be given a temporary thirty (30) day exemption in order to allow time for transfer of records. The school will review the records and notify parents if needed.
- Florida Transfer and New Students: Schools will first send out a letter notifying parent of violation. If no response is noted, an exclusion letter will be sent out by the school in compliance with FS 1003.22. See Superintendent's letters. Carbon copies of the non-compliance and the exclusion letters are available through the Print Shop. The principal will be notified of excluded students.

Physical Examinations:

- All first time entries in Florida schools must present proof of physical examination or appointment slip reflecting date for physical.

If the child does not comply within the thirty (30) day grace period for obtaining a physical, the school will notify the parent with the above referenced letters.



# 2010-2011 School Entry Immunization Requirements and Physical Requirements

Prior to entry, attendance, or transfer to Florida schools (kindergarten through 12<sup>th</sup> grade), each child must have on file a Florida Certification of Immunization, (DH 680), documenting the following:

Kindergarten through 12<sup>th</sup> Grade:

Minimum Number of Doses Required per Grade			
Vaccine Type	Kindergarten, Grades 1-2	Grades 3-6	Grades 7-12
Diphtheria-tetanus-pertussis (DTaP) vaccine or age-appropriate tetanus vaccines	4 or 5*	4 or 5*	4 or 5*
Hepatitis B (hep B) vaccine	3	3	2 or 3*
Inactivated polio vaccine (IPV)	3 or 4*	3 or 4*	3 or 4*
Measles-mumps-rubella (MMR) vaccine	2	2	2
Tetanus-diphtheria-pertussis (Tdap) vaccine	0	0	1 Grades 7-8
Tetanus-diphtheria (Td) vaccine	0	0	1 Grades 9-12
Varicella (chickenpox) vaccine	2	Grades 3-9: 1 dose	

\* The number of required doses depends on when your child first started the series of shots or the type of vaccine given. Discuss requirements with your child's primary care provider.

A current physical is also required. The physical must have been performed within 1 year of the first day of entry into the Florida School System.



Please contact your primary care provider to schedule your child's vaccinations and/or physical. If your child does not have a doctor, vaccinations are available free through the Clay County Health Department Immunization Fast Track Clinic at the Bear Run location Monday through Thursday. Please call 904-272-3177 for directions and hours. School entry physicals are \$25 at Bear Run. To schedule an appointment for the physical, call 904-213-3202.

Please contact your school's nurse if your child has medical issues that need to be cared for during the school day. The Clay County Health Department School Team (904-529-2800) is also available to answer your questions.

## ***The 2009 Florida Statutes***

**Title XLVIII Chapter 1003**  
**PUBLIC K-12 EDUCATION**  
**Chapter 1003**  
**K-20 EDUCATION CODE**

**Title XLVIII**  
**K-20 EDUCATION CODE**

**Chapter 1003**  
**PUBLIC K-12 EDUCATION**

***1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.--***

(1) Each district school board and the governing authority of each private school shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public or private school in this state, present a certification of a school-entry health examination performed within 1 year prior to enrollment in school. Each district school board, and the governing authority of each private school, may establish a policy that permits a student up to 30 school days to present a certification of a school-entry health examination. A homeless child, as defined in s. 1003.01, shall be given a temporary exemption for 30 school days. Any district school board that establishes such a policy shall include provisions in its local school health services plan to assist students in obtaining the health examinations. However, any child shall be exempt from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds.

(2) The State Board of Education, subject to the concurrence of the Department of Health, shall adopt rules to govern medical examinations and immunizations performed under this section.

(3) The Department of Health may adopt rules necessary to administer and enforce this section. The Department of Health, after consultation with the Department of Education, shall adopt rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. The rules must include procedures for exempting a child from immunization requirements. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The Department of Health shall supervise and secure the enforcement of the required immunization. Immunizations required by this section shall be available at no cost from the county health departments.

(4) Each district school board and the governing authority of each private school shall establish and enforce as policy that, prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health and further shall provide for appropriate screening of its students for scoliosis at the proper age. Such certification shall be made on forms approved and provided by the Department of Health and shall become a part of each student's permanent record, to be



transferred when the student transfers, is promoted, or changes schools. The transfer of such immunization certification by Florida public schools shall be accomplished using the Florida Automated System for Transferring Education Records and shall be deemed to meet the requirements of this section.

(5) The provisions of this section shall not apply if:

(a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;

(b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;

(c) A physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;

(d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

(e) An authorized school official issues a temporary exemption, for a period not to exceed 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. A homeless child, as defined in s. 1003.01, shall be given a temporary exemption for 30 school days. The public school health nurse or authorized private school official is responsible for follow-up of each such student until proper documentation or immunizations are obtained. An exemption for 30 days may be issued for a student who enters a juvenile justice program to permit the student to attend class until his or her records can be obtained or until the immunizations can be obtained. An authorized juvenile justice official is responsible for follow-up of each student who enters a juvenile justice program until proper documentation or immunizations are obtained.

(6)(a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his or her action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this section if the person acts as a reasonably prudent person with similar professional training would have acted under the same or similar circumstances.

(b) No member of a district school board, or any of its employees, or member of a governing board of a private school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.

(7) The parents of any child admitted to or in attendance at a Florida public or private school, grades pre-kindergarten through 12, are responsible for assuring that the child is in compliance with the provisions of this section.

(8) Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the county health department director or administrator annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the Department of Health for each kindergarten, and other grade as specified; and the reports shall include the status of children who were admitted at the beginning of the school year. After consultation with the Department of Education, the Department of Health shall establish by administrative rule the dates for submission of these reports, the grades for which the reports shall be required, and the forms to be used.

(9) The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the private school; and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority of the private school, until such time as is specified by the county health department director or administrator.

(10) Each district school board and the governing authority of each private school shall:

(a) Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or private school, who is not in compliance with the provisions of subsection (4). (b) Temporarily exclude from attendance any student who is not in compliance with the provisions of subsection (4).

(11) The provisions of this section do not apply to those persons admitted to or attending adult education classes unless the adult students are under 21 years of age.



Ben H. Wortham  
Superintendent of Schools

SCHOOL DISTRICT OF CLAY COUNTY

23 South Green Street  
Green Cove Springs, Florida 32043  
Telephones:  
904/284-6511 (GCS) 904/529-4893 (OP)  
1-888-663-2529 (KH)  
FAX 904/529-2170

BOARD MEMBERS:

- Carol Vallencourt  
*District 1*
- Carol Studdard  
*District 2*
- Charles Van Zant, Jr.  
*District 3*
- Frank Farrell  
*District 4*
- Lisa Graham  
*District 5*

To: Parents of \_\_\_\_\_

Date: \_\_\_\_\_

RE: **Notice of Non-compliance** with Immunization Law and/or School-entry Health Examination

Dear Parent:

Florida Statute 1003.22 states that children must be administered immunizations and have on file certification of a school-entry health examination in accordance with the law in order to attend school. The Clay County Health Department has checked the health records of your child and the immunization record and/or record of health examination is not in compliance with the law.

Our records indicate that your child is delinquent in the following immunizations:

- \_\_\_DTaP 5 doses (4 if last dose given after age 4)
- \_\_\_Tdap Booster 1 dose (prior to entering 7<sup>th</sup> grade)
- \_\_\_Polio Series 4 doses (minimum age of last dose after age 4)
- \_\_\_MMR 2 doses (1<sup>st</sup> dosed given on or after 1<sup>st</sup> birthday)
- \_\_\_Hepatitis B 3 doses
- \_\_\_Varicella 1 or 2 doses (or provider documentation of chickenpox)
- \_\_\_School entry health examination needed

**If the school does not receive record of immunizations/health examination by \_\_\_\_\_, your student will not be allowed to attend school. Any days missed because of failure to have proper immunizations/health examination will result in un-excused absences from school.**

You may have your student’s immunizations documented by your private physician or obtain free immunization services given by the Clay County Health Department. The Clinic, located in Orange Park (Bear Run) has walk-in immunization services Monday through Thursday from 8:00-11:00 a.m. and from 1:00-4:00 p.m. For information regarding clinic days/hours in your area, please contact the Clay County Health Department at (904) 272-3177, between 8:00 a.m. - 5:00 p.m.

Should you need any additional information, please contact the Clay County Health Department School Health Division, (904)529-2854 or (904) 529-2869.

Sincerely,

Ben H. Wortham  
Superintendent



Ben. H. Wortham  
Superintendent Of Schools

SCHOOL DISTRICT OF CLAY COUNTY

900 Walnut Street  
Green Cove Springs, Florida 32043  
Telephones:  
904/284-6500 (GCS) 904/272-8100 (OP)  
1-888-663-2529 (KH)  
FAX 904/284-6525 TDD 904/284-6584

BOARD MEMBERS:

- Carol Vallencourt  
District 1
- Carol Studdard  
District 2
- Charles Van Zant, Jr.  
District 3
- Frank Farrell  
District 4
- Lisa Graham  
District 5

To: Parents of \_\_\_\_\_

Date: \_\_\_\_\_

RE: **Exclusion Notice** due to Non-compliance with Immunization Law and/or School-entry Health Examination

Dear Parent:

Florida Statute 1003.22 states that children must be administered immunizations and have on file certification of a school-entry health examination in accordance with the law in order to attend school. At the time of this letter the school has not received a response to prior notices and your child's immunization record and/or record of health examination is not in compliance with the law.

**Your child, \_\_\_\_\_, may not return to school until the immunizations are brought up to date and proof of the immunizations and/or health examination are presented to the nurse's office on his/her campus. Any days missed because of failure to have proper documentation will result in unexcused absences.**

Our records indicate that your child is delinquent in the following immunizations:

- \_\_\_DTaP 5 doses (4 if last dose given after age 4)
- \_\_\_Tdap Booster 1 dose (prior to entering 7<sup>th</sup> grade)
- \_\_\_Polio Series 4 doses (minimum age of last dose after age 4)
- \_\_\_MMR 2 doses (1st dosed given on or after 1st birthday)
- \_\_\_Hepatitis B 3 doses
- \_\_\_Varicella 1 or 2 doses (or provider documentation of chickenpox)
- \_\_\_School entry health examination needed

Should you wish to discuss this issue, please contact your child's principal or school nurse. Thank you for your prompt attention to this matter.

Sincerely,

Ben H. Wortham  
Superintendent

**NOTE:** Please take this letter with you when you go to the Clay County Health Department clinic or your physician.



**FLORIDA CERTIFICATION OF IMMUNIZATION**

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

<b>SAMPLE</b>	<b>PATIENT</b>	<b>03/03/2003</b>
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
Parent or Guardian	Child's SS# (optional)	State Immunization ID#
	111-11-1111	9900000990

**Directions:**

\* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	05/03/2003	05/05/2003	07/03/2003	04/04/2004	05/16/2007
DT	B					
Td/Tdap	C					Booster
Polio	D	05/05/2003	07/07/2003	01/16/2007		
HIB	E	05/05/2003	07/07/2003	04/04/2004	Complete	
MMR (Combined) (Separate)	F	04/04/2004	01/16/2007			
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	05/05/2003	07/07/2003	12/21/2006		
Varicella	K	04/04/2004	Complete			
Varicella Disease	L	2004	Year			
PneuConju						

**Certificate of Immunization for K-12**

**PART A** Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7<sup>th</sup> grade (and for grades kindergarten through 12). I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above. DOE Code 1

**Physician or Clinic Name:**

TRAINING ORG  
2585 MERCHANTS ROW  
ROOM 210  
TALLAHASSEE, FL 32399

**Physician or**

**Authorized Signature:** MEDICAL DOCTOR  
**Electronic Certification:** 2N5KFTFSQGB  
**Date:** 09/07/2007  
**Issued By:** MARIA ARNDT



Form DH-680, 01-07 Stock Number: 574009906900



## STATE OF FLORIDA School Entry Health Exam

**To Parent/Guardian:** Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

*(Please Print)*

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

### PART I — CHILD’S MEDICAL HISTORY

**To Parent/Guardian:** Please check answers to questions 1 through 8 below in the column on the left. *(Please explain any “Yes” answers in the space provided below.)*

1. Yes  No  Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes  No  Any other specific illness or social/emotional or behavioral problems?
3. Yes  No  Any allergies (food, insects, medication, etc.)?
4. Yes  No  Any prescription medication (daily or occasionally)?
5. Yes  No  Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes  No  Any hospitalization, operation, or major illness (specify problem)?
7. Yes  No  Any significant injury or accident (specify problem)?
8. Yes  No  Would you like to discuss anything about your child’s health with a school nurse?

**To Parent/Guardian:** Please explain any “Yes” answers from above.

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**I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child’s health and educational needs.**

\_\_\_\_\_  
Signature of Parent/Guardian
Date

### Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

**To Parent/Guardian:** Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ <hr/> Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ <hr/> Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ <hr/> Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle)	Birth Date
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### PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:  
(Exam must be within one year of enrollment)      \_\_\_\_\_ Month      \_\_\_\_\_ Day      \_\_\_\_\_ Year

Screening Results:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI%: \_\_\_\_\_ B/P: \_\_\_\_\_ Hct/Hgb: \_\_\_\_\_ Lead: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Vision - Without Glasses	Right 20/ _____	Left 20/ _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/ _____	Left 20/ _____	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>		Hearing – Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

- |                               |                                 |                                   |  |                 |
|-------------------------------|---------------------------------|-----------------------------------|--|-----------------|
| Gross dental (teeth and gums) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |  | Refer/Tx: _____ |
| Head/scalp/skin               | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |  | Refer/Tx: _____ |
| Eyes/Ears/Nose/Throat         | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |  | Refer/Tx: _____ |
| Chest/Lungs/Heart             | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |  | Refer/Tx: _____ |
| Abdomen                       | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |  | Refer/Tx: _____ |
| Postural assessment           | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |  | Refer/Tx: _____ |

TB risk assessment done  (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:  
 Vision     Hearing     Speech/Language     Physical     Social/Behavioral     Cognitive

Specify: \_\_\_\_\_

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.  
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please Check One)  
 This child may participate fully in school activities including physical education.  
 This child may participate in school activities including physical education with the following restriction/adaptation.  
 (Specify reason and restriction) \_\_\_\_\_

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/> _____	___/___/___	
Name (Please print or stamp)		
_____		

**Tuberculosis Targeted Testing Guidelines for Health Care Providers**  
Tuberculosis Infection Risk:  
 Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.





## Immunization Cheat Sheet

### **DTaP Vaccine:**

#### **Td spacing (if no DTaP)**

- **Dose 1: age 7 or older**
- **Dose 2: 1-2 months later**
- **Dose 3: 6-12 months after the second dose**
- **If child receives 1<sup>st</sup> dose Dtap <1yr of age and is now under 11 years needs 4 doses total; if now over 11 needs a 4<sup>th</sup> dose 5 years after the 3<sup>rd</sup>**

### **Tdap Vaccine:**

- **1 dose required for all 7<sup>th</sup> and 8<sup>th</sup> graders.**
- **If Td given, should have a 5 year exemption at which time Tdap can be administered**

### **Polio Vaccine:**

- **There should be 6 months between next to last IPV and last IPV with minimum age of last dose 4 years**
- **Polio vaccine not needed for any age 18 or older.**

### **MMR Vaccine:**

**New entries must have 2 MMRs (Mumps, Measles, Rubella)**

### **Hepatitis Vaccine:**

- **Last hepatitis dose should not be given before 24 weeks of age.**
- **Hepatitis Vaccine: there must be at least one month between dose one and two, two months between two and three, but four months between one and three. For counting purposes, a month is considered 4 weeks or 28 days.**

### **Varicella Vaccine:**

- **Varicella doses given to a child < 13 yrs. old should be 3 months apart- do not repeat if >28 days**
- **2 doses required for grades K-2**
- **If child is >13 years old, dose must be at least 1-2 months apart**

### **Common vaccines names:**

- **MMRV or Proquad: Mumps, Measles, Rubella, Varicella vaccine**
- **Pediarix: Polio, DTaP, Hepatitis B vaccine**

- **Kinrix: Dtap, polio**
- **Prevnar: pneumococcal vaccine (not required for school entry)**
- **IMCV or Menactra: Meningitis vaccine (not required for school entry)**
- **Boostrix or Adacel: Tdap**

**Spacing between vaccines:**

- **Vaccines should not be given at shorter than recommended interval, but longer is okay.**
- **Day one is the first day after the vaccine is given, NOT the day it is given.**
- **If given up to 4 days before minimum interval ok, otherwise dose is invalid**
- **Live Viruses:**
  - **At least 28 days between 2 live viruses (Varicella, MMR, Proquad) if not given the same day**
  - **If less than 28 days, then 2<sup>nd</sup> vaccine given is invalid and must be repeated.**

**For any additional information: Refer to the Pink Book at the following website-**  
**<http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm#download>**

## ***Florida Shots***

Florida SHOTS (State Health Online Tracking System) is a free, statewide, centralized online immunization registry that helps health-care providers and schools keep track of immunization records. This helps ensure that children receive all vaccinations needed to protect them from dangerous vaccine-preventable diseases such as measles, mumps, diphtheria, polio, varicella, and others.

Florida SHOTS helps ensure that the required immunization records for child-care and school attendance are easy to locate no matter where children go within Florida. And in case of disaster, those records remain protected and available.

## ***Documentation***

All students requesting assistance from the School Health Nurse/Designee must present with a Health Room Visit Pass or planner. This document indicates when the student leaves the classroom and their presenting complaint. Secondary school students may present with their planner signed by their teacher. A separate Health Room Student Visit Record shall be maintained on each student documenting the care given on each visit. This Visit record is admissible in a court of law. It is important to document what you observe and do for each student. Never erase or use correction fluid on any entry. Be sure to date and sign each entry. A daily log of all student visits helps keep track of health room traffic as well as summarizing totals that the state DOE/DOH requests on a monthly/annual basis. Comprehensive schools maintain a more specific monthly log in addition to the routine daily log. The Health Room Student Visit Record should be maintained in the health room during the school year, for assessment of trends, and filed in the Health Cumulative Folder at the end of the school year.

The Health Room Student Visit Pass is not a legal document. As such no confidential information should be recorded on it. It can be shredded at the end of the day. The Clay County School District is using the TERMS data entry system for all health room documentation. Paper procedures will always remain in place as a backup or when substitute clinic personnel do not have computer access.

## ***Health Room Coding***

### **0510 Vision screening - Provide vision screening, referral, and follow-up services to students or other persons in the community.**

Vision screenings are required for all students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup> grades, and reported using grade codes. **First Time This Year (FTTY)** is a required field and represents the first time during that fiscal year a vision screening is provided to a student. Abnormal results are reported for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation and correction. When the evaluation and/or correction is confirmed, a completed vision outcome is recorded.

### **0515 Hearing screening - Provide hearing screening, referral and follow-up services to students or other persons in the community.**

Hearing screenings are required for all students in kindergarten, 1<sup>st</sup> and 6<sup>th</sup> grades, and reported using grade codes. **First Time This Year (FTTY)** is a required field and represents the first time during that fiscal year a vision screening is provided to a student. Abnormal results are reported for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation and correction. When the evaluation and/or correction is confirmed, a completed hearing outcome is recorded.

**0520 Height/ Weight Screening - Growth and development screening is conducted according to Rule 64F-6.003, Florida Administrative Code. Height and weight measurement is obtained in designated grades for the completion of Body Mass Index (0521, 0522, 0523, 0524).**

Height/weight measurements are used in the calculation of body mass index (BMI) for all students in grades 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup> and optionally, in 9<sup>th</sup> grade, and reported using grade codes. BMI results are calculated using the student's height/weight, birth date and gender and are categorized by healthy weight, underweight, overweight and obese.

**0540 Dental Screening - Screen school children and special high-risk groups for dental health problems and make referrals as indicated.**

School health has a statutory responsibility per s. 381.0056, F.S. for "a preventive dental program." Nurses should code to 0540 when they perform dental screenings and follow-up for students with dental complaints (toothaches, cavities, etc.). This is the only way to differentiate dental screenings, referrals and outcomes from other nursing services (5000).

**0561 Scoliosis Screening – Provide scoliosis screening, referral and follow-up services to students.**

Scoliosis screenings are required for all students in 6th grade, and reported using grade code. Abnormal results are reported for a student. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation and correction. When the evaluation and/or correction is confirmed, a completed scoliosis outcome is recorded.

**0571 Lice Screening - Provide visual examination of the scalp or skin to screen for head lice or scabies infestation, referral, and follow-up services to students or other persons in the community.**

Pediculosis/scabies screening that occurs during the fiscal year must be entered in HMS with a service date in that same fiscal year (07/01– 06/30). *First Time This Year* (FTTY) is a required field and represents the first time during that fiscal year a pediculosis / scabies screening is provided to a student. Re-screening may be done post-intervention to verify that action taken was effective. If the rescreening continues to be abnormal, do not code an additional abnormal result. The referral is considered complete after the client has received further evaluation and/or medical treatment, parental action is confirmed, or the student returns to class.

**\*\*\*\*\*Vision, Hearing, Height/weight and Lice screenings need to be coded to grades. If screening is done, note the grade of child.\*\*\*\*\***

**0598 Record Review - Review and assessment of student records to determine immunization and health status and any significant health risks or problems.**

The Record Review (0598) includes a review and assessment of health related records for a student to determine immunization status and the existence of significant health problems. The FTTY represents a “new enrollee record review” and is used one time per student per school year.

**4000 Paraprofessional Evaluation/ Intervention - Provision of screening and evaluation activities by unlicensed assistive personnel as they relate to student’s physical complaints resulting in a response or referral.**

Unlicensed assistive personnel (UAP) may be employed in schools to carry out health room duties. UAPs, such as health assistants, health aides, clinic assistants, clerks, or other school personnel maybe designated by the principal and supervised by the registered nurse. Responsibilities for paraprofessionals include screening and evaluation procedures associated with response to student’s physical complaints. Screening and evaluation includes observation for visible signs of illness, asking questions regarding the nature of the health concern, listening to student’s responses, documenting information, and providing a response to referral based on protocols.

**4050 LPN Encounter - Provision of screening, evaluation, and treatment activities by the Licensed Practical Nurse (LPN) as they relate to student’s complaints or symptoms, resulting in a response or referral.**

The practice of practical nursing means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and the prevention of illness of others under the direction of a registered nurse.

**5000 Registered Nurse Assessment - Provide nursing assessment and counseling to students.**

Nursing assessment is the identification of health needs and resources of individuals, families, and groups, includes health history, observation, physical assessment, monitoring patient and family reactions, interviewing to ascertain social and emotional stability and resources, and identification of risk factors arising from social, physical, or environmental conditions. This assessment provides the basis for nursing diagnosis and a plan of care. Counseling relevant to the findings and client needs is offered, including advice and instruction for health maintenance, disease prevention, interconceptional and preconceptional counseling, and health promotion.

**5030 Medication Administration - Assisting students with self-administration of medication.**

Medication administration includes the staff member verifying the identity of the student, checking the medication dose, route of administration and time against the order. It also includes assisting the student in the ingestion, injection, application or monitoring the self-administration of the medication. Documentation on the medication log and in the student’s Cumulative health file is considered part of administration.

**Special Instructions:** This will be a count of the number of medications administered. If a child receives medications more than one time per day, code each dose given.

**5031 First Aid Administration - Administration of first aid and/or Cardio Pulmonary Resuscitation.**

The provision of first aid and/or Cardio Pulmonary Resuscitation should include an evaluation of the student's condition, the administration of first aid and/or Cardio Pulmonary Resuscitation, and documentation in the student's cumulative health record.

**5032 Complex Medical Procedure - Provision of health related services required by the student to function in the school setting.**

Service provision activities include the completion and documentation of complex medical procedures or monitoring the student who performs the procedure independently. Complex medical procedures include but are not limited to: cardiac monitoring, carbohydrate counting, glucose monitoring, catheterization, gastrostomy tube feeding (J-tube, PEG), ileostomy care, colostomy care, urostomy care, oxygen therapy, specimen (urine or blood) collection or testing, tracheostomy care, suctioning (oral or tracheostomy), and ventilator dependent care.

**Special Instructions:** This code will be a count of the number of services provided. If a child receives the service more than one time per day or more than one service at a given time, code each service.

**5033 Immunization Follow-up - Review and/or follow-up of student age-appropriate immunizations; including new students, ongoing student status, and grades kindergarten and 7 requirements are conducted and documented.**

In order to assure that students meet the immunization requirements indicated in s. 1003.22, Florida Statutes and 64D-3.046, Florida Administrative Code, student immunization status must be periodically reviewed to ascertain if the student is age-appropriately immunized. Immunization follow-up does not include the Record Review (0598) where immunization status is initially determined upon school entry. Immunization follow-up may include verification of information received by electronic transfer through the Florida Information Resource Network system, follow-up activities related to contacting parents and health care providers to obtain additional information or coordinate the referrals, and review the immunization status of students at grades kindergarten and 7 to ensure the completion of required series.

**5051 Consultations - Coordinate health services with other school activities and advise and/or assist school personnel, parents/guardians and other health care providers in health related matters.**

This code should be used when school health staff coordinate health services and consult with school personnel, parents/guardians and other health care providers about an individual student.

**5052 ESE staffing/ screenings – Provide screening, review of health information, and attending staffing meetings for students (Pre-kindergarten through grade 12) being considered for exceptional student education programs.**

Licensed practical nurses (LPN) or unlicensed assistive personnel (UAP) may provide screening and review of health information for students under consideration for Exceptional Student Educational (ESE) programs. Upon request, registered school nurses (RN) may provide further assessment and planning as a component of the ESE evaluation process, as appropriate. Under this code, only RNs may participate in the staffing and evaluation process to determine eligibility for Exceptional Student Education, and develop or conduct annual review of an Individual Education Plan (IEP) for an exceptional student.

**Screenings for Exceptional Student Education staffings:** Screenings conducted specifically upon request by the Exceptional Student Education staffing committee should be coded under 5052. Failed screenings are referred to the school nurse for rescreening, referral and follow-up, if indicated and coded to the appropriate screening code.

**5053 Care Plan Development - Development, review, or revision of individualized student health care plans by a Registered Nurse for students with chronic or acute health problems.**

Students who need specific individualized health related services in order to maintain their health status, stay in school and optimize their educational opportunities, are identified by school health staff. Evaluation of the student's health needs is conducted and an individualized health care plan (IHCP) is developed. Development of an IHCP, specific to the needs on one student, includes developing an original IHCP. **The development, review and approval of the IHCP can only be done by a Registered Nurse.** The written IHCP must be followed to provide services in a safe and efficient manner. The specific services provided in the school setting may be performed by registered school nurses or delegated to unlicensed assistive personnel (UAP). These UAPs must receive child-specific training, supervision and monitoring by a registered nurse, advanced registered nurse practitioner, medical physician, osteopathic physician, or physician assistant.

The emergency care plan is developed from the IHCP and should be considered one document for the child. The IHCP for the child should include all components necessary to meet the child's health needs in the school setting. It is not dependent on the "number" of conditions. If the IHCP and/or the emergency care plan is subsequently revised during the school year, it should be counted as one service.

**8020 Classes Given - A planned education session using established curriculum and defined learner objectives with one or more persons having common information needs and documentation of attendance noted in client files.**

School health staff use code 8020 for a formal, planned education session with an established curriculum to students, parents, school staff, or health professionals having common information needs. Health education (such as human sexuality, etc.) provided to students is subject to parental approval.

**8080 Child Specific Training - A planned education session with one or more participants, conducted by an authorized health professional, to provide child-specific training to school personnel (county health department, local school district, and school health partners) performing child-specific health related services.**

This code is specifically for registered nurses, advanced registered nurse practitioners, physicians, or physician assistants providing school health "child-specific training" as mandated by s. 1006.062, F.S. This child-specific training code will document the training provided to school, partner, and county health department staff who provide health-related services and medication assistance to students with special health care needs during the school day.

## Clay County School Health Services Manual

### Clay County School District Health Room Student Visit Record

Student Name: \_\_\_\_\_ Teacher /Grade: \_\_\_\_\_

Time/Date	Subjective			Objective			Action			Plan		
M T W T F	Accident	Injury to _____	Abrasion, Scrape	Laceration	Applied Pressure	Medication	Telephone Call	Left Message				
	Chapped Lips											Redness
	Cough/ Breathing Problems	Nausea/Vomiting/ Diarrhea	All Within Normal Limits	Range Of Motion _____	Bandaged	Observed for complications						
	Cold	Nosebleed	Bump	Red Throat	Changed clothes	Reassured						
	Don't Feel Good	Personal	Bruising	Stuffy Nose	Cotton/ Gauze	Rest	Suggested consult with medical provider					
Temp:	Earache	Rash	Cough	Swelling	ENT Assess	Soap/Water	Drove home with parent permission					
Pulse:	Eye/ Eye Injury	Sore Throat	Enlarged glands	Vomited	First Aid Cream	Vaseline	Sent home with					
Resp:	Hair/ Head itching	Splinter	Fever/ No Fever	Wheeze	Gargled							
BP:	Headache	Stomach ache/ muscle cramps	Insect Bite		Ice/Elevation		Return To Class					
	Insect Bite						Time Out:					
		Toothache/ lost tooth										
			<b>Notes:</b>			<b>Signature:</b>						
Time/Date	Subjective			Objective			Action			Plan		
M T W T F	Accident	Injury to _____	Abrasion, Scrape	Laceration	Applied Pressure	Medication	Telephone Call	Left Message				
	Chapped Lips											Redness
	Cough/ Breathing Problems	Nausea/Vomiting/ Diarrhea	All Within Normal Limits	Range Of Motion _____	Bandaged	Observed for complications						
	Cold	Nosebleed	Bump	Red Throat	Changed clothes	Reassured						
	Don't Feel Good	Personal	Bruising	Stuffy Nose	Cotton/ Gauze	Rest	Suggested consult with medical provider					
Temp:	Earache	Rash	Cough	Swelling	ENT Assess	Soap/Water	Drove home with parent permission					
Pulse:	Eye/ Eye Injury	Sore Throat	Enlarged glands	Vomited	First Aid Cream	Vaseline	Sent home with					
Resp:	Hair/ Head itching	Splinter	Fever/ No Fever	Wheeze	Gargled							
BP:	Headache	Stomach ache/ muscle cramps	Insect Bite		Ice/Elevation		Return To Class					
	Insect Bite						Time Out:					
		Toothache/ lost tooth										
			<b>Notes:</b>			<b>Signature:</b>						
Time/Date	Subjective			Objective			Action			Plan		
M T W T F	Accident	Injury to _____	Abrasion, Scrape	Laceration	Applied Pressure	Medication	Telephone Call	Left Message				
	Chapped Lips											Redness
	Cough/ Breathing Problems	Nausea/Vomiting/ Diarrhea	All Within Normal Limits	Range Of Motion _____	Bandaged	Observed for complications						
	Cold	Nosebleed	Bump	Red Throat	Changed clothes	Reassured						
	Don't Feel Good	Personal	Bruising	Stuffy Nose	Cotton/ Gauze	Rest	Suggested consult with medical provider					
Temp:	Earache	Rash	Cough	Swelling	ENT Assess	Soap/Water	Drove home with parent permission					
Pulse:	Eye/ Eye Injury	Sore Throat	Enlarged glands	Vomited	First Aid Cream	Vaseline	Sent home with:					
Resp:	Hair/ Head itching	Splinter	Fever/ No Fever	Wheeze	Gargled							
BP:	Headache	Stomach ache/ muscle cramps	Insect Bite		Ice/Elevation		Return To Class					
	Insect Bite						Time Out:					
		Toothache/ lost tooth										
			<b>Notes:</b>			<b>Signature:</b>						





CLAY COUNTY DISTRICT SCHOOLS and  
CLAY COUNTY HEALTH DEPARTMENT  
SCHOOL HEALTH SERVICES



# Nursing Notes

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Date/ Time	

Clay County School Health Services Manual

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Health Room Visit Pass      Date \_\_\_\_\_  
Name \_\_\_\_\_ Grd \_\_\_\_\_  
Teacher \_\_\_\_\_  
Time Left Class \_\_\_\_\_  
Reason \_\_\_\_\_  
Nurse Disposition \_\_\_\_\_  
Nurse Initial \_\_\_\_\_ Time Left \_\_\_\_\_

Health Room Visit Pass      Date \_\_\_\_\_  
Name \_\_\_\_\_ Grd \_\_\_\_\_  
Teacher \_\_\_\_\_  
Time Left Class \_\_\_\_\_  
Reason \_\_\_\_\_  
Nurse Disposition \_\_\_\_\_  
Nurse Initial \_\_\_\_\_ Time Left \_\_\_\_\_

Health Room Visit Pass      Date \_\_\_\_\_  
Name \_\_\_\_\_ Grd \_\_\_\_\_  
Teacher \_\_\_\_\_  
Time Left Class \_\_\_\_\_  
Reason \_\_\_\_\_  
Nurse Disposition \_\_\_\_\_  
Nurse Initial \_\_\_\_\_ Time Left \_\_\_\_\_

Health Room Visit Pass      Date \_\_\_\_\_  
Name \_\_\_\_\_ Grd \_\_\_\_\_  
Teacher \_\_\_\_\_  
Time Left Class \_\_\_\_\_  
Reason \_\_\_\_\_  
Nurse Disposition \_\_\_\_\_  
Nurse Initial \_\_\_\_\_ Time Left \_\_\_\_\_

Health Room Visit Pass      Date \_\_\_\_\_  
Name \_\_\_\_\_ Grd \_\_\_\_\_  
Teacher \_\_\_\_\_  
Time Left Class \_\_\_\_\_  
Reason \_\_\_\_\_  
Nurse Disposition \_\_\_\_\_  
Nurse Initial \_\_\_\_\_ Time Left \_\_\_\_\_

Health Room Visit Pass      Date \_\_\_\_\_  
Name \_\_\_\_\_ Grd \_\_\_\_\_  
Teacher \_\_\_\_\_  
Time Left Class \_\_\_\_\_  
Reason \_\_\_\_\_  
Nurse Disposition \_\_\_\_\_  
Nurse Initial \_\_\_\_\_ Time Left \_\_\_\_\_

**Clay County School Health Services Manual**

**DAILY HEALTH ROOM ACTIVITY LOG**

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

					4000	4050	5000	5030	5031	5032	5033	5051	5052	8080		
	Documentation Complete	Time In	Student Name	Grade	Health Problem	Paraprofessional Eval// Treat	LPN Encounter	RN Assessment	Medication dispensed	First Aid	Complex Med. Procedure	Immunization Follow-up	Consultation	ESE screen-Vision/ Hearing	Child Specific Training	Time Out
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																

## MONTHLY HEALTH ROOM ACTIVITY LOG

SCHOOL:

MONTH:

	4000	4050	5000	0598	5030	5031	5032	5033	5051	5052	5053	8080
	Paraprof. Eval/ Treat	LPN Encounter	Nurse Assessment	Record Review	Medication dispensed	First Aid	Complex Med Proced.	Immi Follow- up	Consultation	ESE staffing/ screen	Care Plans	Child Specific Training
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
<b>TOTALS</b>												

**YEARLY HEALTH ROOM ACTIVITY LOG**

SCHOOL:

	4000	4050	5000	0598	5030	5031	5032	5033	5051	5052	5053	8080
	Paraprofessional Eval/ Treat	LPN Encounter	Nurse Assessment	Record Review	Medication dispensed	First Aid	Complex Med Proced.	Immi Follow- up	Consultation	ESE staffing/ screen	Care Plans	Child Specific Training
Aug												
Sep												
Oct												
Nov												
Dec												
Jan												
Feb												
Mar												
Apr												
May												
Jun												
TOTALS												

**Clay County School Health Services Manual**

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**Monthly Screening Statistics**

**School:**

**Month:**

<b>Grade</b>	<b>Vision 0510</b>	<b>FTTY 0510</b>	<b>Vision Failure</b>	<b>Saw MD/ Glasses Received</b>	<b>Hearing 0515</b>	<b>FTTY 0515</b>	<b>Hearing Failure</b>	<b>Saw MD</b>	<b>Ht/Wt 0520</b>	<b>Lice/ Scabies 0571</b>	<b>FTTY 0571</b>	<b># Positive</b>	<b>Successful lice treatment</b>
<b>PK</b>													
<b>K</b>													
<b>1st</b>													
<b>2nd</b>													
<b>3rd</b>													
<b>4th</b>													
<b>5th</b>													
<b>6th</b>													
<b>7th</b>													
<b>8th</b>													
<b>9th</b>													
<b>10th</b>													
<b>11th</b>													
<b>12th</b>													
<b>Adult</b>													

<b>COMPREHENSIVE WEEKLY LOG</b>						
<b>SCHOOL</b> _____	<b>MONTH</b> _____					
<b>DAY OF WEEK</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>TOTAL</b>
<b>DAY OF MONTH</b>						
<b>VISITS</b>						
1. Total Non-Medication Visits						
2. Total Medication Visits						
<b>TOTALS</b>						
<b>OUTCOME DISPOSITIONS</b>						
1. 911 Services						
2. Emergency Room						
3. Returned to Class						
4. Sent Home						
5. Other						
<b>TOTALS</b>						
<b>REFERRED TO</b>						
1. Abuse Registry						
2. Dental Care						
3. Guidance Counseling						
4. Healthy Start						
5. Kid Care						
6. Medical Care/ Nursing Care						
7. Mental Health Counseling						
8. No Referral						
9. Nursing Assessment						
10. Social Work Services						
11. Substance Abuse Counseling						
12. Other:						
<b>TOTALS</b>						

<b>COMPREHENSIVE MONTHLY LOG</b>						
<b>SCHOOL</b> _____	<b>MONTH</b> _____					
Week	1	2	3	4	5	TOTAL
<b>VISITS</b>						
1. Total Non-Medication Visits						
2. Total Medication Visits						
<b>TOTALS</b>						
<b>DISPOSITION \OUTCOME</b>						
1. 911 Services						
2. Emergency Room						
3. Returned to Class						
4. Sent Home						
5. Other						
<b>TOTALS</b>						
<b>REFERRED TO</b>						
1. Abuse Registry						
2. Dental Care						
3. Guidance Counseling						
4. Healthy Start						
5. Kid Care						
6. Medical Care/ Nursing Care						
7. Mental Health Counseling						
8. No Referral						
9. Nursing Assessment						
10. Social Work Services						
11. Substance Abuse Counseling						
12. Other:						
<b>TOTAL S</b>						



## Health Education Classes taught in comprehensive schools

**School:**

**Month:**

Subject	# Classes	# Student	# Parent	# Staff
Dental Health				
General Health / Other				
Injury Prevention / Safety				
Mental Health / Self-Esteem				
Nutrition				
Physical Activity				
Violence Prevention/Conflict Resolution				
Date Rape				
Child Abuse				
Alcohol, Tobacco & Other Drug Abuse				
Suicide Prevention				
HIV / STD				
Pregnancy Prevention				
Human Sexuality				
Staff Wellness				
Staff Inservice				
Parenting Skills				
<b>TOTALS</b>				

**CLAY COUNTY SCHOOL DISTRICT**  
**DAILY HEALTH SERVICES LOG CODE SHEET**

**Health Problem:**

*\*See next 2 pages for examples*

1. Communicable Disease
2. Cardiovascular
3. Dental
4. Dermatological
5. Eye/Ear/Nose/Throat
6. Endocrine
7. Gastrointestinal
8. Genitourinary
9. Gynecological/Obstetric
10. Immune System/Allergy
11. Nutrition/Metabolic
12. Musculoskeletal/Connective Tissue
13. Neurological
14. Other/Miscellaneous
15. Parasites/Infections
16. Disorders from Physical Agents
17. Psycho/Social
18. Respiratory

**Disposition/Outcome:**

1. 911 Called
2. Emergency Room
3. Returned to Class
4. Sent Home
5. Other

**Referred to:**

1. Abuse Registry
2. Dental Care
3. Guidance Counseling
4. Healthy Start
5. Kid Care
6. Medical Care/ Nursing Care
7. Mental Health Counseling
8. No Referral
9. Nursing Assessment
10. Social Work Services
11. Substance Abuse Counseling
12. Other

**1. COMMUNICABLE AND/OR REPORTABLE**

Acquired Immune Deficiency  
Animal Bites/Trauma  
Anthrax (RPT)  
Botulism (RPT)  
Cancer (RPT)  
Chicken Pox  
Cholera (RPT)  
Diphtheria (RPT)  
Encephalitis  
Food Poisoning (RPT)  
Giardiasis  
Gonococcal Infections  
Gullian-Barre Syndrome  
Hepatitis, Viral Type A & B  
Malaria  
Measles (RPT)  
Meningitis – All types  
Meningococcal Disease (RPT)  
Mumps  
Other  
Pertussis  
Plague (RPT)  
Poliomyelitis (RPT)  
Psittacosis  
Rabies (RPT)  
Reye's Syndrome  
Rickettsial Diseases  
Rubella / Congenital  
Rubella  
Salmonellosis  
Shigellosis  
Smallpox (RPT)  
Syphilis (RPT)  
Tetanus  
Toxoplasmosis  
Trichinosis  
Typhoid  
Yellow Fever (RPT)

**2. CARDIOVASCULAR**

Bradycardia  
Chest Pain  
Cholesterol Level  
Cyanosis  
Edema  
Heart Palpitations  
Hypertension  
Hypotension  
Other  
Pallor  
Shock  
Syncope

**3. DENTAL**

Bitten Lip/Tongue  
Bleeding  
Canker Sore  
Chipped Tooth  
Other  
Pain Due to Orthodontics  
Red, Swollen/Sore Gums  
Tooth Dislodged  
Tooth Erupting  
Tooth Loose  
Toothache

**4. DERMATOLOGICAL**

Abrasion  
Acne  
Avulsion  
Bites: Bee/Insect, Dog, .....Human, Snake, Other  
Blister  
Bruise  
Burn  
Chapped Lips  
Check Sutures  
Contusion  
Cut  
Cyst  
Dermatitis  
Diaphoresis  
Ecchymosis  
Eczema

Edema  
Erythema  
Felon  
Fifth Disease  
Foreign Body  
Furuncle (Boil)  
Hematoma  
Jaundice  
Laceration  
Lesion/Infection  
Other  
Pallor  
Fetechia  
Planters Wart  
Poison Ivy/Oak  
Puncture  
Rash  
Scalded  
Splinter  
Sunburn  
Sweating  
Urticaria (hives)  
Verruca (wart)

**5. EYE/EAR/NOSE/THROAT**

Canker  
Cerumen  
Cold  
Conjunctivitis/Pink Eye  
Contact Lens Problem  
Corneal Abrasion  
Coryza  
Diplopia  
Earache  
Epistaxis  
Fever  
Foreign Body:  
Ear, Eye, Nose  
Foreign Substance: Eye,  
Nose  
Hearing Loss  
Mouth Ulcers  
Other

Otitis Externa,  
Labyrnithica,  
.....Media  
Rhinitis  
Sinus Headache  
Sinusitis  
Sore Throat  
Sty  
Swollen Glands  
Thrush  
Tinnitus  
Tonsillitis  
Tracheotomy Care  
Vision Alteration

**6. ENDOCRINE**

Breath Smells Fruity  
Feels "shaky" – Possible  
....Hypoglycemia  
Hormonal Imbalance  
Hyperglycemic  
Hypoglycemic  
Other  
Routine Blood sugar  
Check

**7. GASTROINTESTINAL**

Swollen Glands  
Abdominal Pain  
Constipation  
Diarrhea  
Emesis  
Flu-Influenza  
Mass  
Nauseated  
Other  
Pain in Side  
Poison Ingestion  
Puncture Wound  
Stomach Ache  
Tongue Problem  
Upset Stomach

**8. Genitourinary**

Burning  
Catheterization  
Cystitis  
Discharge  
Enuresis  
Frequency  
Hit to genitals  
Other  
Pain  
Sexually Transmitted Infection

**9. Gynecological/Obstetric**

Abortion  
Amenorrhea  
Breast Lump  
Contractions  
Dysmenorrhea  
Menses  
Morning Sickness  
Other  
Pelvic Pain  
Pre-eclampsia/Eclampsia  
Pregnancy  
Unprepared Menstruation

**10. Immune System (Allergies)**

Allergic Reaction: Drug, Food, Insect/Bee sting  
Anaphylaxis  
Contact Dermatitis  
Inhalant Rashes  
Other  
Swollen Glands  
Temperature  
Urticaria (Hives)

**11. Nutrition/Metabolic**

Eating Disorder: Anorexia, Bulimia, Overweight  
Malabsorption Syndrome  
No Breakfast/Lunch  
Problem Height

**12. Musculo/Skeletal/Conn.**

Abdominal Blunt Injury  
Amputation  
Back Pain  
Cast  
Deformity  
Dislocation  
Eversion  
Fracture  
Hernia  
Hyperextension  
Joint Pain  
Joint Stiffness  
Lack of Coordination  
Lump  
Muscle Weakness  
Other  
Pain  
Sprain  
Tendonitis  
Torn Ligament  
Trauma

**13. Neurological**

Concussion: Mild, Moderate, Severe  
Drowsiness  
Fatigue  
Headache (Medications)  
Hiccup  
Hit to Head  
Impaired Consciousness  
Inappropriate Response  
Migraine Headache  
Numbness  
Other  
Pain  
Seizure (Medications)  
Shock  
Sleep Disorder  
Syncope  
Tingling  
Tremors

Vertigo/Dizziness  
Vision Alteration

**14. Other/Miscellaneous**

Bandaid  
Change of Clothes  
Doctor's Excuse  
Eye-glass Repair  
General Malaise  
Other  
Parental Pickup  
Safety Pin  
Tissue  
Use Needle/Thread  
Use Restroom

**15. Parasites/Infections**

Herpes Simplex  
Herpes Zoster  
Impetigo Contagiosa  
Other  
Pediculosis  
Rabies  
Scabies  
Ticks  
Tinea Barbae  
Tinea Capitis  
Tinea Corporis  
Tinea Cruris  
Tinea Pedis  
Tinea Unquium

**16. Disorders from Physical Agents**

Cold Injury  
Electric Shock  
Heat Cramps  
Heat Exhaustion  
Heat Stroke  
Motion Sickness  
Near Drowning  
Other

**17. Psycho/Social**

Abdominal Pain/Nausea  
Abuse: Drugs  
Abuse: Physical

Abuse: Psychological  
Abuse: Sexual  
Adjust to Family Change  
Adjust to Adolescence  
Aggression  
Agitated  
Attempted Suicide  
Attendance Problem  
Behavior (Medication)  
Crying  
Depression  
Gender Identity Disorder  
Irritability  
Other  
Rape  
School Phobia

**18. Respiratory**

Apnea  
Asphyxiation  
Asthmatic Reaction  
Atelectasis  
Bradypnea  
Bronchitis  
Chest-Blunt Injury  
Chest Pain  
Cold-Coryza  
Coughing  
Dyspnea  
Hemoptysis  
Other  
Puncture Wound  
Rales  
Shortness of Breath  
Upper Respiratory Infection  
Virus  
Wheezing



**CLAY COUNTY DISTRICT SCHOOLS and  
CLAY COUNTY HEALTH DEPARTMENT  
SCHOOL HEALTH SERVICES**



**Health Room Visit Report to Parent**

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

Dear Parent or Guardian:

This is to inform you that your child \_\_\_\_\_ visited the health room today and was seen for \_\_\_\_\_.

We were unable to reach you by telephone. Please observe his/her condition and consult with your family physician, if necessary.

1. Time Incident Occurred	AM PM	2. Place
3. Nature of Injury		
4. Part of Body Injured		

Comments: \_\_\_\_\_

From: \_\_\_\_\_  
School Nurse

For Head Injury:

Your child received a bump on the head at school today. Although the child has not displayed any of the symptoms listed below, it is recommended that he/she be watched for any of the following which might indicate some injury:

- Severe Headache
- Dizziness
- Disturbance of speech
- Convulsions
- Unusual Drowsiness
- Nausea
- Vomiting
- Loss of muscle coordination  
such as falling down, walking  
strangely, or staggering

**If your child shows any of these symptoms, please telephone your doctor for advice.**

