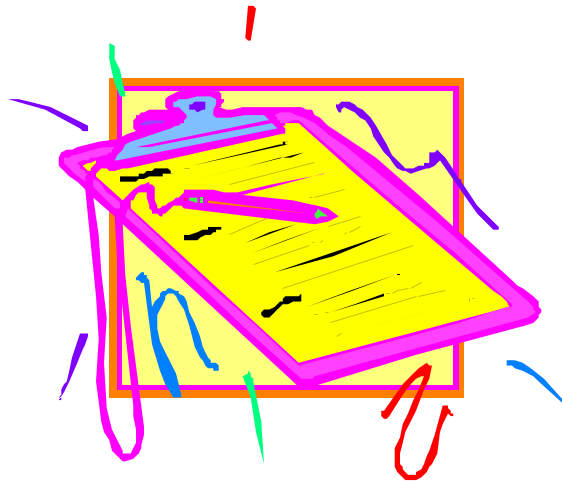


Appendix F



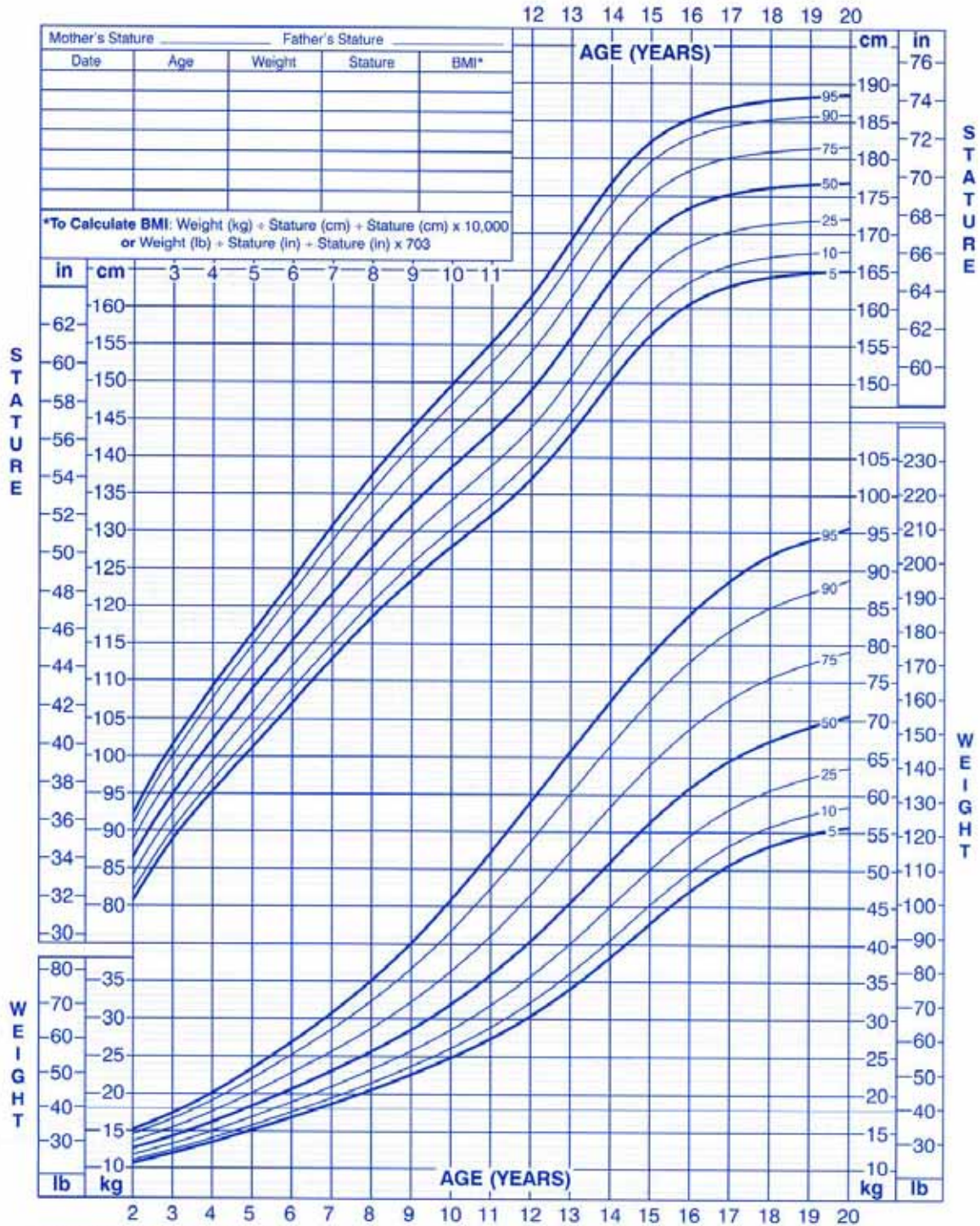
Forms: School Health

- Florida DOH BMI & Height/Weight Charts (DH 3183 and 3184)
- Florida Cumulative Health Folder for Schools (DH 3041)
- Florida DOH Immunization forms (DH 680 & 681)
- Florida DOH *School Entry Health Exam* form (DH 3040)
- *Student Asthma Action Card*

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Revised and corrected November 28, 2000.
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>





CUMULATIVE SCHOOL HEALTH RECORD
(This form is not intended for physician's use)

Special Health
Problems - See
Narrative

Name _____ Race _____ Sex _____ School _____

Address _____ Father's Name _____

_____ Mother's Name _____

Date of Birth ____/____/____ Place of Birth _____ Birth Recorded: Yes No

Immunization Certification: Yes No

Special Immunization Programs _____

A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES

Screening and Assessment Grades K-3	K			1			2			3		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision												
Hearing												
Height, Weight & Graphing												
Nutrition												
Dental Health												
Mental Health												
Communicable Disease												
Records Review												
Physical Assessment												
Other												
Other												

Screening and Assessment Grades 4-8	4			5			6			7			8		
	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome	Screening Date	Referral	Outcome
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															

DH 3041, 9/96 (Replaces HRS-H Form 3041 which may be used)



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: sections 1003.22, 402.305, 402.313, Florida Statutes;
rules 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB MO/DA/YR
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# ¹	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
- If the child is presenting for the 7th grade requirement **only** and has previously filed a Certificate of Immunization (DH 680, Part A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines 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 ²	A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DT ³	B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Td/Tdap ⁴	C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio ⁵	D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hib ⁶	E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MMR (Combined) ⁷	F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Separate) ⁸	G, H, I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis B ⁹	J	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Varicella ¹⁰	K	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Varicella Disease	L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 1 The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- 2 DTP/DTaP 5 doses required. If the 4th primary dose is administered on or after the 4th birthday a 5th dose is not required.
- 3 DT (pediatric) is acceptable if pertussis vaccine is medically contraindicated. (Complete Part C for pertussis contraindication.)
- 4 Td (Adult) vaccine is recommended for children 7 years of age or older.
- 5 Polio 4 doses required. If the 3rd dose in an all OPV or all IPV series is administered on or after the 4th birthday, a 4th dose is not required. Polio vaccine is not required for children 18 years of age or older.
- 6 Hib is required for child care, family day care and preschool entry and attendance only.
- 7 First dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A 2nd dose of measles (preferably MMR) is required for students in grades K-6 and 7th grade entry and attendance effective with the 1997/1998 school year. In each subsequent year thereafter, the next highest grades are included.
- 8 Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I).
- 9 Hepatitis B vaccine series is required for 7th grade entry and attendance effective with the 1997/1998 school year and kindergarten entry and attendance effective with the 1998/1999 school year. In each subsequent year thereafter, the next highest grades are included. Hepatitis B vaccine series is required for preschool entry and attendance effective with the 2001/2002 school year.
- 10 Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter, the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 weeks apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

Certificate of Immunization for K-12 excluding 7th Grade Requirements

Part A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccines not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or _____
Clinic Name: (Print or stamp) Physician or _____
Authorized Signature:
Address: _____
Date: _____

Certificate of Immunization Supplement for 7th Grade Requirement

Part A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).

Physician or _____
Clinic Name: (Print or stamp) Physician or _____
Authorized Signature:
Address: _____
Date: _____

SAMPLE

Temporary Medical Exemption

Part B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) Invalid without expiration date. DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or _____
Clinic Name: (Print or stamp) Expiration Date: _____
(15 days after next immunization appointment)
Address: _____ Physician or _____
Authorized Signature:
Date: _____

Permanent Medical Exemption

Part C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or _____
Clinic Name: (Print or stamp) Physician or _____
Authorized Signature:
Address: _____
Date: _____

DH 680, 7/2006, obsoletes earlier editions (Stock Number: 5740-000-0680-0)



RELIGIOUS EXEMPTION FROM IMMUNIZATION
 Exención Religiosa Para La Inmunización
 Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen

Child's Name (print) Nombre Del Niño (con letra de imprenta) Non Prensab Nan (an nan karaktè)	Date of Birth Fecha De Nacimiento Dat Li Te Fèt	Child's SS# (optional) Número De Seguro Social Del Niño (opcional) Nimewo Sekirite Sosyal Timoun Nan (si ou via)	Name of Parent or Guardian Nombre Del Padre O Guardián Non Patan Oubyen Moun Ki Reskonsab Li Ya
--	--	---	--

(English) I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices. Therefore, I request that my child be enrolled in a preschool, child day care facilities, or family day care homes without immunization required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.

The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.

(Spanish) Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas. Por lo tanto, pido que mi hijo sea matriculado en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.S., 402.305, F.S., y 402.313, F.S.

La presencia de cualquier enfermedad contagiosa para la cual el Departamento de Salud en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias de la Florida requiere inmunización permitirá que el director o el administrador del departamento de salud del condado, o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado lo especifique necesario.

(Creole) Mwen menm se paran oubyen moun ki responsab devan lafwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwen yan. Pouèt sa, mwen mande ke timoun mwen yan a wèki non lekòl, ekòl matènel, jaden dantan, oubyen kote yo fè madri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mande.

Prezans nerpou ki maladi kontajeyz ki bezwen pou timoun nan pran piki ak vaksen kan mèm dwe fèkò mande pou sevis Sante ki nan lekòl yo ki anndan eta, ekòl la, lekòl matènel, kote sa fashe swen pou timoun, oubyen nan ki genmoun ki ap bay swen yo pou ka pèmèt sèkrète oubyen administratè Sante zòn nan oubyen ofisyèl maladi pou deklarasyon ou genyen yo maladi kontajeyz ki nan ijans timoun sa yo ke yo idanfyè ki pa te pran piki, seròm ak lòt bagay nan san yo maladi kontajeyz ke yo dakò ke ki nan ijans timoun sa yo mete yo deyò pou youn ou plis jiskaskò sèkrète ya oubyen administratè sante zòn nan aklare ke lè ya fè pou yo tounen.

Signature of Parent or Guardian Firma del Padre o Guardián Siyati Paran Oubyen Moun Ki Reskonsab Li	Date Fecha Dat	Signature of Director/Administrator	Date	County Health Department Stamp
--	-----------------------------	--	-------------	---------------------------------------

DH-601, 1106 (Replaces earlier editions)
 Stock Number: 5740-000-0601-4



**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.

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: _____ Health Care Provider: _____ <i>(check one)</i> 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: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.

DH 3040, 6/02 (Obsoletes previous editions which may not be used) Stock Number: 5744-000-3040-2



Name of Child (Last, First, Middle) Birth Date

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:

Table with screening results for Vision (Without/With Glasses), Hearing (Right/Left), and Referred status.

- Gross dental (teeth and gums)
Head/scalp/skin
Eyes/Ears/Nose/Throat
Chest/Lungs/Heart
Abdomen
Postural assessment

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)

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.

Guide for Completing the School Entry Health Exam (DH 3040 Form)

DH 3040, 6/02, Stock Number: 5744-000-3040-2

General Information

Purpose: The School Entry Health Exam has been designed to meet the requirements for the school entry health examination, as mandated by s.1003.22, F.S. (formerly s. 232.0315, F.S.) for student entry into Florida public and private schools, grades Pre-Kindergarten to 12. It provides basic health and screening information that will assist the school and school health personnel in meeting the needs of the child.

Health Care Provider: A health professional who is licensed in Florida or in the state where the student resided at the time of the health examination, and who is authorized to perform a general health examination under such licensure shall certify that the health examination has been completed.

Time Limits: The child's health examination must be completed within one year prior to enrollment in school. A homeless child shall be given a temporary exemption for 30 school days.

Exemptions: A child shall be exempt from this requirement upon written request from parent or guardian on religious grounds.

Copies: A copy of the front and back of the completed form may be retained in the child's medical file kept by the health care provider. The original completed DH 3040 Form should be given to the parent to take to the school to provide information and to document that this requirement is met.

Directions for completing the School Entry Health Exam Form

Page 1: The health history is to be filled in by the parent or interviewer in the provider's office. If the parent seeks the exams recommended by the Partnership for School Readiness, the appropriate provider will fill in the information regarding the exam results.

1. **Child Identifying Information:** Fill in all of the information requested, including child's middle name and parent's complete names. This information is critical for distinguishing between children with the same or similar name.
2. **PART I—CHILD'S MEDICAL HISTORY:** The parent or interviewer in the provider's office should answer these questions before the exam. All questions answered "yes" should be explained in the space provided below.
3. **Partnership for School Readiness Recommendations for Pre-kindergarten and Kindergarten:** After the school entry health exam form has been completed, parents should be encouraged to seek the recommended vision examination from an optometrist or ophthalmologist and the dental examination from a dentist. The practitioner providing the school entry health exam may provide the hearing screening.

Page 2: This page is to be completed by the health care provider only.

1. Fill in the complete name and birth date of the child, as it appears on page 1.
2. **PART II—MEDICAL EVALUATION:** Provide the month, day and year of the entry exam.
3. **Screening Results:** Perform the indicated screenings and fill in the results of each of the indicated screenings, including vision and hearing information.
4. **Exam Components:** Indicate whether the results of the exam are normal or abnormal and any actions taken by the provider.
5. **TB Risk Assessment:** See guidelines on the bottom of the page for TB risk assessment. The screening and results should not be recorded on the school health form. If a test is given, arrangements should be made with the parent/guardian for follow up.
6. If the child has any physical or behavioral problem that may adversely affect the educational experience, check the appropriate box and explain the impairment or restrictions. Because the record will not be subject to the strict protection of medical records, providers are asked to refrain from including information of a confidential nature such as child abuse and HIV/AIDS.
7. **Participation in Activities:** Indicate whether the child has health or physical conditions that would prevent participation in normal school activities such as physical activities in recess, physical education or other physical activities during the school day.
8. **Provider information:** Fill out or stamp the form to provide information that identifies the provider and their address.

Revised 7/02

Student Asthma Action Card

Name: _____ Grade: _____ Age: _____

Place
I.D.
Photo
Here

Teacher: _____ Room: _____

Parent/Guardian Name: _____ Ph: (H) _____

Address: _____ Ph: (W) _____

Parent/Guardian Name: _____ Ph: (H) _____

Address: _____ Ph: (W) _____

Emergency Phone Contact #1 _____

Name Relationship Phone

Emergency Phone Contact #2 _____

Name Relationship Phone

Asthma Healthcare Provider _____ Ph: _____

Other Healthcare Provider _____ Ph: _____

Daily Asthma Management Plan

• Identify the things That start an asthma episode (Check all that applies to the student.)

- Exercise Strong odors or fumes Other _____
- Respiratory infections Chalk dust
- Change in temperature Carpets in the room
- Animals Pollens
- Food _____ Molds

Comments _____

• Control of School Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.)

• Peak Flow Monitoring

Personal Best Peak Flow number: _____

Monitoring Times: _____

• Daily Medication Plan

	Name	Amount	When To Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Adapted from NIH Publication No. 95-3651

Appendix G



Hold Harmless Agreement

HOLD HARMLESS AGREEMENT TEMPLATE EXAMPLE

This Agreement is made and entered into this _____ day of _____, 2006 by and between The School District of _____, Florida (hereinafter referred to as the District) and _____ Home Health Agency (hereinafter referred to as _____).

WHEREAS, _____ desires to provide health services through the assignment of a registered nurse to student _____ (hereinafter referred to as Student) during the Student’s transportation on the District’s school bus and while the Student is attending the District’s school, and

WHEREAS, the District wishes to grant the ability for such services to be provided by _____,

NOW, THEREFORE, the parties hereto agree as follows.

_____ may assign a registered nurse or licensed practical nurse employed by it to perform health services for Student while Student is transported on District’s bus and while Student is in attendance at District’s school and at related activities which are part of the school day. _____’s employee will be provided access to the bus and school facility for this limited purpose.

_____ agrees that the registered nurse or high tech licensed practical nurse assigned for this purpose will perform no other function than to provide health services to Student. In the event that _____’s registered nurse or high tech licensed practical nurse attempts to perform other functions, or disrupts the operation of the school or transportation of students in any way, District may inform _____ of such and _____ agrees that such action will provide cause for termination of this agreement in the event _____ does not assign another registered or high tech licensed practical nurse for this purpose.

_____ Home Health Agency, in consideration for District’s agreement to allow its registered or licensed practical nurse to provide the above-described services on District’s buses and at District’s facilities, does hereby hold the School Board, the School District, and all of its employees and agents harmless against any and all claims, causes of action, demands, suits, or other actions which any person or entity may pursue against the School Board, arising from the services described in this agreement.

_____ holds the School Board, the School District, and all of its employees and agents harmless against any and all claims, causes of action, demands, suits, or other actions which its employee providing services under this agreement may pursue against the School Board caused by the negligent acts of the School Board, School District, its employees and agents. Such claims, causes of action, demands, suits, or other actions as described above, including those arising by reason of action, conditions, or occurrence on premises or buses belonging to the School Board which said person may make or prosecute against the School Board, including actions to recover costs and reasonable attorney’s fees, shall be covered in this hold harmless agreement. This agreement shall not be subject to technical defenses, it being understood that the purpose and intent of this agreement is to indemnify and hold the School Board, the School District, its agents and employees harmless from any and all claims of any person or entity as a result of the services provided by Health Force pursuant to this agreement and injury to _____’s employees injured as a result of the negligent acts of the School Board, the School District, its agents and employees while performing services under this agreement.

Home Health Agency
By: _____

The School District
of _____, Florida
By: _____

Appendix H



Health Screening Procedures

Hearing Screening Procedures

- Utilize the quietest possible area for testing
- Demonstrate the procedure to the student, group, or class. This lets the students know what to listen for. The screener should instruct the students to raise a hand when they hear the sound and lower their hand when the sound disappears.
- Be aware of operating procedure for the pure tone audiometer. (Note: The audiometer should be in good working order, calibrated annually. For specific operating instructions, refer to the manual accompanying the audiometer).
- The American Speech-Language-Hearing Association (ASHA) standards for screening are to present sounds at 20 dB @ 1000, 2000, 4000 Hz in each ear. ASHA recommendations are for as quiet an area as possible for testing, with a sound proof room as ideal. Some districts have adopted standards of 25 dB @ 1000, 2000, 4000 Hz in each ear, since it is difficult to obtain a truly quiet screening rooms.

Observation of the following conditions may indicate need for referral regardless of screening results.

- Behavior.
 1. Inattention.
 2. Asks for repetition of things just said.
 3. Turns or cocks head to try to hear better.
 4. Leans forward to hear.
 5. Interrupts conversation of others, is unaware that others are talking.
 6. Withdraws from group activities, especially where hearing is important to participation.
 7. Has poor, delayed, or no speech.
 8. Breathes through mouth excessively.
 9. Has poor balance in walking, running etc., especially in the dark.
 10. Cannot cooperate enough to be tested.
- Appearance.
 1. Draining ears, sometimes with accompanying unpleasant odor.
 2. Inflammation of external ear, area adjacent to the ear, or skin behind the ear over the mastoid process.
 3. Ears encrusted with dried wax.
 4. Frequent colds with heavy mucus flow.

- Complaints.
 1. Earache or pains in the area surrounding ear.
 2. Ear stopped up.
 3. Ringing, buzzing, or roaring in the ears.

Hearing Re-screening and Referral:

- Re-screen students who fail to hear at one or more of the indicated frequencies in either ear.
- Rescreen at same level as initial screening.
- Record the actual db/Hz level for each ear.
- Failure on the second screening requires referral to an audiologist or licensed physician
- Refer uncooperative students and those who are unable to be screened using the usual techniques.
- Alert school personnel to provide preferential seating near the source of sound for those students who fail the screening, until the results of a professional evaluation are received.

Vision Screening Procedures

Vision screening procedures for students younger than age 6:

- If the student is wearing his/her own glasses, screen with them on.
- Myopia/nearsightedness (difficulty seeing objects that are far away) is screened monocularly (one eye at a time) using appropriate, available equipment.
- Hyperopia/farsightedness (difficulty seeing close objects) is not tested for students younger than age 6, since mild hyperopia is developmentally normal in this age group.
- Each eye must see *at least* the 20/40 line.
- A passing score is obtained when the student can read the majority of the shapes/letters presented on the 20/40 line with each eye.
- Referral is made when the majority of shapes/letters presented on the 20/40 line cannot be read with one or both eyes.
- Referral is also made when there is a two-line or greater difference between the acuities of the two eyes, except when the poorer eye is 20/30 or better.
- Defects other than myopia and hyperopia may be detected during this screening process and appropriate referral should be made.
- Alert school personnel to provide preferential seating for those students who fail the screening, until the results of a professional evaluation are received.
- Record the results. Indicate if the student was wearing his/her own glasses.

Vision screening procedures for students age 6 and older:

- Myopia/nearsightedness (difficulty seeing objects that are far away) is screened monocularly (one eye at a time) using appropriate, available equipment.
 - If a student is wearing his/her own glasses, screen with them on.
 - Each eye must see *at least* the 20/30 line.
 - A passing score is obtained when the student can read the majority of the shapes/letters presented on the 20/30 line.
 - Referral is made when the majority of shapes/letters presented on the 20/30 line cannot be read with one or both eyes.
 - Referral is also made when there is a two-line or greater difference between the acuities of the two eyes, except when the poorer eye is 20/30 or better.
 - Defects other than myopia and hyperopia may be detected during this screening process and appropriate referral should be made.
 - Alert school personnel to provide preferential seating for those students who fail the screening, until the results of a professional evaluation are received.
 - Record the acuity. Indicate if the student was wearing his/her own glasses.

- Hyperopia/farsightedness (difficulty seeing close objects) is screened binocularly (both eyes together) using plus lenses, which should be of +2.25 to +2.50 diopters strength.
 - Use the same chart that was used for distance visual acuity.
 - Place the plus lenses in front of both student's eyes together.
 - Ask the student to read the 20/30 line while looking through the lenses (with the plus lenses the child should NOT be able to read the 20/30 line clearly).
 - A passing score is obtained if the child CANNOT read the 20/30 line through the hyperopia lenses.
 - Referral is made when the student can read the 20/30 line clearly through the hyperopia lenses.
 - Record the results.

Vision Referral Resources

Resources available for students who fail vision screening and cannot afford the services of a private eye Dr. vary by county and community. Typical referral criteria include documented failure of the vision screening, family income that falls within the guidelines of the Federal free or reduced lunch program. Examples of some available resources include:

Jeppesen Vision Quest

Local Lions Clubs

Local Sertoma Clubs or other service organizations

Growth and Development Screening Procedures

Measurements may be taken and recorded by any member of the school staff, health services staff, or registered volunteer who has been appropriately trained. Common causes of errors include use of maladjusted balance scale, failure to calibrate scales on a periodic basis, using incorrect technique in measuring stature, and incorrect BMI calculation, recording and/or plotting of data.

Weight should be measured on a standard scale of known accuracy, confirmed by a second measurement and recorded to the nearest $\frac{1}{2}$ pound. Since students are routinely weighed clothed, screeners should be instructed to have the students remove any bulky jackets or sweaters and subtract 1 pound to account for the student's remaining clothing.

Standing height should be measured against a wall mounted measuring tape or board, or a rigid free standing device. The student should stand with the heels slightly apart and the back as straight as possible. Heels, buttocks, and shoulder blades should touch the wall or measuring surface. The student's line of vision should be straight ahead, arms at sides, and shoulders relaxed. It is important to assure that the student's knees are not bent and that the heels are not lifted from the floor. A block squared at right angle against the wall should then be brought to the crown of the head and the measurement noted, confirmed, and recorded to the nearest $\frac{1}{2}$ inch. If practical, students should remove their shoes for measurement. If that is not possible, screeners should be instructed to subtract $\frac{1}{2}$ inch from the measurement attained to account for the average height of a child's shoe. Students with unusually high heeled shoes should remove their shoes for measurement.

BMI calculation can be performed using available BMI wheels, BMI calculators, Palm devices, on-line calculators (see Appendix A for Internet link to CDC), and other software or accurate electronic devices intended for this purpose.

Growth and Development Re-screening and Referral:

- Students whose BMI calculation result is less than 5th percentile or greater than the 95th percentile value of the reference data are at greater risk of health related problems than the rest of the population.
- Students whose BMI calculation falls outside the range as described above should be re-screened at more frequent intervals and referred for dietary and nutrition counseling and for further evaluation.
- Templates of referral letters to be sent home to parents/guardians can be obtained from the Florida Department of Health and are posted on the DOH School Health web site (see Appendix A).
- Special Situations. Consideration should be made for environmental and genetic influences in determining the average size of children in various populations.

Growth and Development Screening Results Recording:

- Results should be recorded on or filed in each student's Cumulative School Health Record (DH Form 3041). See Appendix F for an example of this form.
- Locally designed forms to record screening data can be filed in or stapled to the DH Form 3041.
- To determine an individual's growth pattern over time, data should be plotted cumulatively on the same graph. Charts to plot BMI for age, weight and stature for age, and weight for height can be ordered from the DOH warehouse (DH-SH 3183 and DH-SH 3184) for boys and girls. Centers for Disease Control and Prevention (CDC) BMI forms may also be downloaded from their website. See Appendix A for Internet Link to the CDC forms. See Appendix F for examples of the DOH / CDC Forms.
- If there appears to be a gross deviation from the student's normal growth pattern, determine if it was due to equipment, technique, or recording. It is advisable to repeat questionable measurements.
- If referral was made for dietary or nutritional counseling, notation should be made on student's cumulative health record and follow-up noted.

Scoliosis Screening Procedures

- This screening is best done by registered nurses, but may be performed by trained physical education teachers or other qualified staff, who have been trained appropriately. There should be 2 adults present during screening.
- If students are expected to remove their shirts for screening, privacy is mandatory. Boys and girls must be screened separately, respecting students' modesty.
- Even if screening is done with students clothed, it is still advisable to separate boys and girls.
- Prepare students for screening by demonstrating the procedure to the class or showing a video. Explain the importance of early detection of spinal curvatures.
- Send letters home to notify parents of screening date and information about spinal curvatures and the screening process. Parents must submit advanced written notification if they do not want their child to participate. If students will be expected to remove their shirts during screening, include the recommendation that female students wear bathing suit tops or sports bras for screening.
- Arrange facilities with the school administrator & prepare forms to record results.
- Re-screen any student with questionable results at a later date and notify parents of any failures at that time.

Scoliosis Screening Referral Criteria & Procedures:

- Signs indicating abnormal results include un-level shoulders or hips, visible curvature of the spine on forward bend test, uneven space between arms and waist when student is standing, prominent scapular process on one side, as well as any child with an obvious deformity.
- If the OSI "Scoliometer" is used for screening, measurement of a curve of 10 degrees or more indicates the need for referral.
- Re-screen any student who exhibits abnormal signs at initial screening.
- Refer parents to their private physician, Shriners, Elks, or County Public Health Department.
- In some counties, arrangements have been made with orthopedic physicians in the community.
- Record results on the Cumulative Health Folder (DH Form 3041) or file the screening results form in that folder.

Appendix I



School Health Advisory Committee Guide: Table of Contents

Coordinated School Health Program

PROMOTING HEALTH AND ACADEMIC SUCCESS THROUGH COLLABORATION AND PARTNERSHIP A Guide for Florida's School Health Advisory Committees

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The complete guide can be accessed through the Coordinated School Health Website.

See [Appendix A](#) for Internet link.

Appendix J



Timeline of Major School Health Services Program Highlights

FY 1972-73	Governor's Citizens Committee on Education highlighted gaps in the delivery of school health services to public and non-public schools. The committee identified a need for a uniform, basic, statewide system of school health services.
FY 1974-75	School Health Services Act of 1974 signed into law. Department of Health and Rehabilitative Services (HRS), in conjunction with the Department of Education assigned responsibility for administrative oversight of statewide program to provide mandated basic school health services for students. The basic school health program was not fully funded.
FY 1979-80	First significant state funding for school health services provided for school nurse visits to elementary and middle schools for at least three hours weekly.
FY 1982-83	School Health Services Manual (HRS Manual 150-25) developed and distributed in April 1983 to provide procedures and instructions for the implementation of school health services program in public and nonpublic schools.
FY 1986-87	School Nursing Feasibility Study mandated by Legislature to study feasibility of providing school nursing services for each public school in the state. Three staffing models of varying costs and combinations of staff recommended
FY 1987-88	Florida School Health Services Needs Assessment Project directed by the Florida Legislature to assess selected indicators of school health service needs and performance. University of South Florida conducted the study under contract with Department of Health and Rehabilitative Services and published the final report in February 1988.
FY 1988-89	School Health Improvement Pilot Projects implemented to increase services as described in the 1987 School Nursing Feasibility Study. Projects established in Manatee, Escambia, Pinellas and Highlands counties to demonstrate the effectiveness of increased nursing staffing on the quality and quantity of services. School Health Services Manual (HRS Manual 150-25) revised and distributed in February 1989 to provide updated procedures and instructions for school health services programs in public and nonpublic schools.
FY 1990-91	Section 402.321, F.S. created to expand school health services to promote student health and prevent teenage pregnancy. Twenty-eight Supplemental School Health Services projects funded jointly through the Department of Education and Department of Health and Rehabilitative Services (\$9 million). Section 402.3026 F.S created to establish Full Service Schools to provide services for high risk students. \$9 million appropriated for Department Of Education to establish Full Service Schools to collocate and integrate an array of social, economic and parent support activities on school campuses in high risk communities.
FY 1991-92	Funding appropriated to create 21 additional Supplemental School Health Services (SSHS) projects. The original 4 School Health Improvement Pilot Projects were incorporated into SSHS for a total of 53 projects.
FY 1992-93	Public Education Capital Outlay (PECO) projects funded (\$16.5 million) for construction of Full Service Schools facilities on school sites.

FY 1993-94	Funding increase of \$400,000 for new Supplemental School Health Services projects.
FY 1994-95	Supplemental School Health Services Project funding increased \$2,000,000 to expand the program for a total of 57 projects in 47 counties. School Health Services Plan and Florida Administrative Code 64F-6 revised to conform with legislation creating Supplemental School Health Services and Full Service Schools.
FY 1996-97	Department of Health and Rehabilitative Services split into 2 agencies – Department of Health, and Department of Children and Families. School Health Services remained under the Department of Health.
FY 1997-98	Basic School Health Funding increased by \$500,000. Funding granted to 22 counties on a 50% match basis. Pilot “Excellence in School Nursing” workshop conducted in June 1998 to provide orientation for new school nurses. Initial regional workshops conducted at least twice annually. Currently, a statewide workshop conducted at least annually.
FY 1998-99	Responsibility for Full Service Schools transferred from the Department of Education to the Department of Health, with a new appropriation (\$11 million Tobacco Settlement funds) given to fund the program. Basic School Health Services funding increase of \$4.5 million from Tobacco Settlement Funds. Allocation methodology increased each local budget to fund at least one full time school nurse. U.S. Supreme Court rules that school districts are responsible for nursing care during school day for students with special health care needs (Garrett vs the Iowa Board of Education).
FY 1999-00	Section 381.0059, F.S., mandated Level 2 background screening for any person who provides services under a school health plan pursuant to s. 381.0056, F.S. Legislature mandated study to investigate the feasibility of providing special education for school health nurses. The “ <i>Report on the Feasibility of Requiring Additional Specialized Training for School Nurses</i> ” was published in February 2000.
FY 2000-01	Volunteer School Nurse program funded by legislature. Six pilot projects covering 8 counties initiated. Program volunteers supplement school health services staff to extend health services in schools. Legislature mandated use of County Health Department Trust Funds for 4 Special Projects in Dade, Hillsborough, Broward and Palm Beach counties to increase RN to student ratios. Legislature shifted \$1 million of Comprehensive School Health Services Projects funding from General Revenue and \$1 million Full Service Schools Tobacco funds to Temporary Aid for Needy Families.
FY 2001-02	Special session (mid-year) legislature reduced Full Service Schools Tobacco funds by \$1.5 million.
FY 2002-03	Legislature shifted partial school health funding from General Revenue to Tobacco Trust Fund.

\$7 million in Comprehensive School Health Services Project (CSHSP) funding shifted from General Revenue to Title XXI (Child Health Insurance Program). Program reorganization implemented to bring all CSHSP staff under County Health Departments for Medicaid billing purposes.

School Health Volunteer Nurse Program funding reduced from \$1 million to \$750,000.

“Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools” developed and published to provide information, guidelines, and best practices for the nursing delegation of care for students with diabetes.

FY 2003-04 Legislature discontinued mandate for funding school health Special Projects in Dade, Hillsborough, Broward, Palm Beach, Monroe and Escambia counties (\$1.75 million).

Department Of Health completed a 3-year program to promote higher professional standards through National School Nurse Certification. Over 300 Florida school nurses received national certification under the program since 2001.

FY 2004-05 Department Of Health *“Policy on Sliding Scale Insulin in Schools”* implemented in July 2004 to address the issue of written practitioner sliding scale insulin orders in the school setting for the management of children with diabetes.

Web enhanced interactive technology used to provide 3 statewide workshops on *“Nursing Guidelines for the Delegation of Care of Students with Diabetes in Florida Schools”*. Training for school nurses consisted of diabetes policy, carbohydrate counting, and calculating insulin dosages.

FY 2005-06 Legislature reduced school health funding by \$1 million in Temporary Aid for Needy Families.

FY 2006-07 Department of Health guideline *“Role of the Professional School Nurse in the Delegation of Care in Florida Schools”* was developed by a statewide workgroup and distributed in August 2006. This document clarifies the role of the school nurse and delegation issues, and provides guidance to school nurses in the training and delegation of paraprofessionals.

STATUTORY AUTHORITY: Sections 381.0056, 381.0057, 381.0059, and 402.2036, F.S.

Appendix K



Example Timeline of School Nurse Activities

Sample School Nurse Calendar

AUGUST

Meet with Staff

- Meet with principal to discuss roles, plans, concerns for the coming school year
- Schedule presentation to faculty and staff (include: nurses role, referral process, clinic procedures, confidentiality, OSHA, Hepatitis; CPR and first aid certification, etc.)
- Determine schedule of meetings – Faculty, PTO, SAC, SHAC, Crisis Team, Safety Committee in order to plan attendance/presentations
- Meet with health room aide and review protocols for referrals, communication procedures
- Meet with E.S.E. liaison and guidance staff to determine day and time of student study team meetings
- Meet with cafeteria manager

Coordinate/Provide Health Services

- Establish methods for communicating the nurse's role and health education messages through newsletters, morning announcements, etc.
- Post lists of employees currently certified in CPR and First Aid in clinic, cafeteria, gym, office, industrial arts, home economics etc.
- Assure Hepatitis series for at-risk employees
- Conduct safety check in cooperation with county health department environmental health and report to principal
- Set up a schedule for routine school visits (if serving more than one school)
- Utilize the Department of Health School Health Site Visit Checklist (or similar checklist) to assess each school health room
- Set-up meeting with parent/student to develop Special Needs Health Care Plans, conduct staff supervision/training for special procedures
- Develop/implement system to track referral process
- Plan health education focus for each month using National Health Observances calendar (<http://nhic-nt.health.org>)
- Conduct/assure training of all school personnel who administer medications
- Prepare emergency and first aid kits for 1) traveling to emergencies, 2) classroom/playground use, and 3) field trips according to OSHA and local policies

Records and Data

- Establish system for new student record review by the school nurse for health problems/immunization compliance
- Establish system for reviewing/updating records of students withdrawing
- Audit physical exam and immunization records of new enrollees, K, and 7th grade for compliance
- Establish procedure for monthly tracking of temporary medical exemptions and notifying parents/guardian two weeks to one month before Form 680 Part B expires (Certificate of Temporary Medical Exemption)
- Compile list of students with health issues and establish system for quickly identifying students with exemptions (temporary, permanent or religious) or immunocompromised for exclusion during communicable disease outbreaks
- Review emergency cards and add data to list of student with health issues
- Distribute list of students with health issues to staff who need to know, protecting confidentiality

- Establish method for completing the Annual Report of Compliance for Kindergarten and Seventh grades to be submitted by October 1st to Public Health Nurse
- Establish data collection methods for Annual School Health Report (coding, group health services log, daily activity log, etc.)

SEPTEMBER

- Schedule and conduct Vision screening for targeted grades and others as needed
- Schedule and conduct height/weight screening for targeted grades and others as needed
- Schedule and conduct hearing screenings for targeted grades and others as needed
- Assure completion of Immunization Compliance Report (due early October).
- Monitor administration of medication by unlicensed personnel as indicated in the county's school health service plan
- Obtain more information on students with significant health issues by phone or letter
- Implement/facilitate health education activities and plan health education activities for next month
- Develop individual nursing care plans for students with chronic health problems
- Summarize data for Annual School Health Report

OCTOBER

- Continue follow-up on referrals, care plans, tracking activities listed in previous months
- Submit immunization compliance reports - K and 7th grade.
- Establish method for referrals from the attendance office for health related absenteeism
- Summarize data for Annual School Health Report
- Submit biennial School Health Services Plan to Florida Department of Health
- Implement/facilitate health education activities and plan health education activities for next month

NOVEMBER

- Continue follow-up on referrals, care plans, tracking activities listed in previous months
- Refer families for community sponsored holiday programs (e.g. food baskets) in cooperation with social workers and guidance counselors
- Follow-up on screening referrals (vision, hearing etc)
- Re-screen as needed
- Plan scoliosis screening for January
- Implement/facilitate health education activities and plan health education activities for next month
- Summarize data for Annual School Health Report

DECEMBER

- Continue follow-up on referrals, care plans, tracking activities listed in previous months
- Refer families for community sponsored holiday programs (e.g. food baskets) in cooperation with social workers and guidance counselors
- Plan activities for School Nurses Day (fourth Wednesday of January)
- Implement/facilitate health education activities and plan health education activities for next month
- Summarize data for Annual School Health Report

JANUARY

- Follow-up on screenings.

- Follow-up on expired immunizations and physicals.
- Update Care Plans and Medical Record as needed.
- Schedule and conduct scoliosis screening for grade 6
- Implement/facilitate health education activities and plan health education activities for next month
- Celebrate School Nurses Day (fourth Wednesday of January)
- Summarize data for Annual School Health Report

FEBRUARY

- Alert 5th and 6th grade parents about 7th grade immunization requirements
- Implement/facilitate health education activities and plan health education activities for next month
- Summarize data for Annual School Health Report

MARCH

- Implement/facilitate health education activities and plan health education activities for next month
- Summarize data for Annual School Health Report

APRIL

- Review records– spring break
- Implement/facilitate health education activities and plan health education activities for next month
- Summarize data for Annual School Health Report

MAY

- Implement/facilitate health education activities and plan health education activities for next month
- Prepare and send immunization requirements letter to elementary schools for distribution to parents at kindergarten orientation
- Attend Annual School Health Conference
- Summarize data for Annual School Health Report

JUNE

- Begin planning for next School Year
- Summarize data for Annual School Health Report

SUMMER

- Review and revise as necessary protocols, procedures, standing orders
- Review emergency crisis plan
- Develop/update resource file on specific health issues and problems for use by students and/or staff
- Order supplies for upcoming year
- Update information regarding community health care resources
- Prepare and submit Annual School Health Services Report to DOH
- Prepare biennial School Health Services Plan