MIS # 432
Rev. 01/18

FLORIDA DEPARTMENT OF HEALTH

CUMULATIVE HEALTH RECORD

(not intended for physician's use)

Name _____ Race/Ethnicity _____ Sex ____ School _____

Address _____

Father/Guardian's Name _____ Mother/Guardian's Name: _____

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

Form DH 680 Certificate of Immunization: ☐ Yes ☐ No Immunization Notes _____

A NARRATIVE NOTE IS REQUIRED FOR ABNORMAL RESULTS, REFFERALS AND OUTCOMES OF REFERRALS

Screening and Assessment by Grade Level	Pre-K				KG				1st			
	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												

Screening and Assessment by Grade Level	2nd				3rd				4th			
	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												

Screening and Assessment by Grade Level	5th				6th				7th			
	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												

Screening and Assessment by Grade Level	8th				9th				Other:			
	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	Result/ Referral	Outcome of Referral
Vision												
Hearing												
Growth & Development with BMI												
Scoliosis												
Record Review												
Nursing Assessment												
Chronic/Complex Health Conditions												
Communicable Disease												
Other												

Information on chronic/complex health conditions (including allergies), injuries, surgeries, communicable disease, other (specify below):

NARRATIVE RECORD

Notations by registered nurses, delegated staff, unlicensed assistive personnel and educators should be dated and signed. The narrative record should include information concerning abnormal screening results, referrals and outcomes; nursing assessments; teacher observations; parent conferences; Section 504 of the American's with Disabilities Act or Individuals with Disabilities Education Act (IDEA) accommodations; and home visitation notes. Health services provided should be documented in the clinic log and individualized treatment and/or medication administration record (written or computerized). Educators need only record information concerning teacher observations and educational decisions made for students in the classroom, bus or other school sponsored activities, and other health information.

Date	Notes	Signature

NARRATIVE RECORD (continued)

Date	Notes	Signature