

FLORIDA DEPARTMENT OF HEALTH

MIS # 432 Rev. 01/18

CUMULATIVE HEALTH RECORD (not intended for physician's use)

Name				Race/l	Ethnicity	S	ex S	chool		- " n"-	P = P == 200	
Address												_
Father/Guardian's NameMother/Guardian's Name:										<u></u>		
Data of Didla								☐ Yes	— □ No			
Form DH 680 Certificate of Immunization: Yes No Immunization Notes									_			
A NARRATIVE NOTE Screening and	IS REQUIRE			JLTS, REFFE	RALS AND OU			_S				
Assessment by Grade Level	Screening Date	Pre- Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	KG Rescreening Date	Result/ Referral	Outcome of Referral	Screening Date	Rescreening Date	st Result/ Referral	Outcome of Referral
Vision					54.5	50.0	Nototial	Noionai	Date	Date	Reletiai	Reletial
Hearing												
Growth & Develop- ment with BMI											-	
Scoliosis Record Review	7			ļ'								
Nursing	2	+		-		-			<u> </u>			
Assessment	,						**	1				- 4
Chronic/Complex Health Conditions												
Communicable Disease								144			,	
Other												
Screening and		2 nd				3 rd				<u> </u> 4t	th	
Assessment by Grade Level	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of
Vision	Date	Date	Referral	Referral	Date	Date	Referral	Referral	Date	Date	Referral	Referral
Hearing				1							2	
Growth & Develop- ment with BMI										1 1 1 1 1 1 1		
Scoliosis												
Record Review		-		ļ!	<u> </u>	-						
Nursing Assessment					1							5
Chronic/Complex Health Conditions												
Communicable Disease	a v	0										
Other												
Screening and Assessment by	Corporing	5th				6th				7t		
Grade Level	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 & Develop-										× ×		
ment with BMI Scoliosis												1,0
Record Review												
Nursing												
Assessment Chronic/Complex												
Health Conditions Communicable Disease					7	-	×					
Other												
Screening and		8th				9th				Oth	ier:	
Assessment by Grade Level	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of	Screening	Rescreening	Result/	Outcome of
Vision	Date	Date	Referral	Referral	Date	Date	Referral	Referral	Date	Date	Referral	Referral
Hearing												
Growth & Develop-												
ment 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):	MIS # 432 Rev. 01/18
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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
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NARRATIVE RECORD (continued)

Date	Notes	Signature
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