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: _____ *(check one)* Optometrist ☐ Ophthalmologist ☐	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.

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: _____ Month _____ Day _____ Year
(Exam must be within one year of enrollment)

Screening Results:

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

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed ☐ Failed ☐ Referred ☐	Hearing – Right	Passed ☐	Failed ☐	Referred ☐
Vision - With Glasses	Right 20/_____	Left 20/_____		Hearing – Left	Passed ☐	Failed ☐	Referred ☐

Gross dental (teeth and gums)	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Abdomen	☐ Normal	☐ Abnormal	_____	Refer/Tx: _____
Postural assessment	☐ Normal	☐ 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)
☒	___/___/___	
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.

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.