
 Last Name First MI

 DOB Gender: M F

 ID Number _____

 School District _____

OREGON SCHOOL HEALTH SCREENING RECORD

This file shall not include medical or nursing records (ORS 192.525 et seq.)

Health Alert •

Health Management Plan •

HMP located at _____

Medical/Nursing Records (confidential health information) located
 at _____
 (requires parent/guardian consent to release)

Demographic Information (may attach label)

REQUIRED							OPTIONAL					
School Year	Gr.	School/City/State	VISION			Hearing*	Height	Weight	Blood Pressure	Scoliosis*	Dental*	Screening Comments
			Right	Left	Corrective Lenses							
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			
			20/	20/	Y N	R L			R L			

*Codes: N–Normal R–Referred UT–Under Treatment D–Deferred—no referral

See guidelines for screening and referral criteria in **Health Services for the School Community** (ODE 2010)

THIS FILE SHALL NOT INCLUDE MEDICAL OR NURSING RECORDS (ORS 192.525 et seq.)

Refer to the School Nurse*

- Child has a health condition which is chronic or may become life threatening (for example, insect or food allergy, seizure disorder, cancer, cystic fibrosis, spina bifida, asthma, diabetes)
- Child has an untreated medical condition
- Unexplained injuries or neglect**

Contents of this folder **may** include:

Document	Requirements	Archival 3 years Regular Education 7 years Special Education	Send with Record (In or Out-of-District)
CIS–Certificate of Immunization Status	Required	X	X
Tuberculosis Clearance Certificate	If required	X	X
Medication Record	If related to IEP	X If related to IEP	X If related to IEP
Health Management Plan	Most recent version	X	X If related to IEP
Records of Health Room Visits for First Aid	Optional		
Communications from Parent or Physicians		X If related to IEP	

Additional Screening Results:

Date	Screening Results

Date	Screening Results

* See guidelines in Health Services for the School Community
 ** All school employees are mandatory reporters under ORS 146.710

Guidelines for Recording on Oregon School Health Screening Record [Form 581-3417 (11/10)]

Demographic Information

- Name and Student Number: Use pen or type
- Space is provided for a demographics label; re-label as necessary
- Health Alert: Check box if student has a health condition which may affect him/her during the school day
- Health Management Plan: Check box if student has a health condition which is serious enough to require an individualized Health Management Plan. Note location of the health plan

Screening Results

Follow screening procedures in manual, Health Services for the School Community. Screening comments should address results of screening. Other information should be documented in the medical/nursing file to preserve confidentiality of health information.

- Record date by month/year
- Vision: Record results of vision screening. Document rechecks under “Additional Screening Results”; check if the student is wearing corrective lenses
- Hearing, Scoliosis, Dental: Use provided code
- Height: Record to the nearest one-fourth inch
- Weight: Record to the nearest one-half pound
- Blood Pressure: Note arm on which blood pressure was taken
- Height and weight charts are included in the manual
- TB Clearance Certificate—See back of Health Screening Record for list of birth countries which necessitate a clearance certificate
- Certificate of Immunization Status (CIS)—See back of Health Screening Record for directions

Contents of Health Screening Record

Only the results of health screenings shall be recorded/stored in this Health Screening Record. Other health information shall be kept separately from health screening information to protect confidentiality. Contents:

- Certificate of Immunization Status (CIS) form
- Tuberculosis Clearance Certificate, if the child has one
- Records of medications given the child in the school setting, if related to the IEP
- A current copy of the Health Management Plan
- Records of first aid health room visits and the instructions sent to the parent, according to district policy
- Communications related to health and safety and directed to the school from the parent or health care provider

Archival Data

Retain the following with the education record for three years after graduation:

- Certificate of Immunization Status (CIS) form
- Tuberculosis Clearance Certificate

Retain the following with the special education record for seven years after graduation:

- Health Management Plan, if it is an addendum to the IEP
- Medication record, if medication administration is addressed in the IEP

Transfer of Records

Transfer the following with the educational record:

- Certificate of Immunization Status (CIS) form
- Tuberculosis Clearance Certificate
- Health plan, if related to the IEP
- Medication records, if related to the IEP
- Uncleared exclusion orders for Immunization/Tuberculosis

Transfer the following with the educational record if it is significant in maintaining the child safely in the school setting:

- Communications from parents and health care providers directed to the school
- Records of first aid provided and instructions given to the parent

Tuberculosis

<http://www.oregon.gov/DHS/ph/b/oars.shtml>

“NOTE: School Rule OAR 333-019-0041 (3) has been dropped from the Administrative Rules (since summer 2005). Public schools are no longer required to do Tuberculosis screening on selected foreign-born students entering Oregon schools under state law. However, each local health authority may elect to mandate targeted Tuberculosis testing on populations within their jurisdiction whom they determine are at high risk for Tuberculosis. Please consult your local health authority prior to any Tuberculosis school screening.”

Immunization Requirements for School/Children’s Facilities

ORS 433.235.433.284

1. All students in the following categories entering Oregon schools for the first time must provide a signed Certificate of Immunization Status form documenting either evidence of immunization or a religious and/or medical exemption prior to initial attendance:
 - Students transferring from a school outside the U.S.
 - Students initially attending at the entry level (pre-kindergarten/kindergarten, or the first grade)
 - Students initially attending from a home-study setting at any grade

If age appropriate and the child has not claimed an exemption, a minimum of one dose of each of the following vaccines must be received prior to attendance: polio, measles, mumps, rubella, varicella, Hepatitis B, Hepatitis A (if currently required for the student’s grade) and diphtheria/tetanus/pertussis containing vaccine. *Haemophilus influenzae* type B is required for students less than 5 years of age. The Hepatitis A vaccine requirement is being phased in for all grades by school year 2014-2015, starting with kindergarten in school year 2008-2009. See OAR 333-050-0120 for more details, including the complete phase-in schedule for Hepatitis A vaccine and vaccines required for specific ages/grades.

2. A student transferring from a school inside of the U.S. must be given at least 30 days for transfer immunizations records to arrive from the previous school.