

FL Department of Health St. Lucie

Health Para Monthly Report

Complete and email to Tangela.Johnson@flhealth.gov by the 5th of every month

School: _____

Name: _____

Month and Year Report is for: _____

Individual Screenings to be recorded below (not Mass Screenings)

Grade	PK	KG	E1	E2	E3	E4	E5	M6	M7	M8	H9	H10	H11	H12
Vision (0510)														
Hearing (0515)														

Include total amount of students screened for lice by grade

Grade	PK	KG	E1	E2	E3	E4	E5	M6	M7	M8	H9	H10	H11	H12
Lice Screening 0571														

1. 911 calls _____
2. CPR administered _____
3. Intentional injury _____
4. Accidental injury _____
5. ADD 1 through 4 for total # of injuries/first aid 5031 _____

Total consultations with parents, teachers, nurses etc. 5051 _____ (Include totals for phoned parent, communicated with nurse, sent to administration, sent to guidance, etc.)

Total # of medication doses given 5030 _____ (All doses of medication given in clinic during month. Include insulin or emergency medications)

Record Reviews to determine if student meets health requirements 0598 _____ (Include initial review of physical, 680, screenings, emergency cards, PA orders, other health related records)

Total # of out compliance 680s that you follow up on for immunizations (OOC) 5033 _____ (Include every time you follow up on a 680 until the student is in compliance)

Total # of complex medical procedures 5032 _____ (Carb counting, glucose monitoring, ketone testing, G-tube feeding, catheterization)

Total number of students seen in clinic for physical complaints (illness, injury) 4000 _____ (Take total office visits minus total # of complex medical procedures and medication doses given)