

## School Nurse Activities Log

Name of School \_\_\_\_\_

Date \_\_\_\_\_

1	Total Students					
2	New Student					
3	Incomplete Immunizations Follow-up					
4	Waiver					
5	CHDP Follow-up K only					
6	CHDP Follow-up 1st Grade					
7	Color Vision K & 1					
8	Vision include rechecks					
9	Vision Referrals					
10	Referred for free eye care					
11	Hearing include recheck					
12	Hearing Referrals					
13	Referred to Dental Services					
14	Referred to CCS					
15	5th or 6th graders prepared for Outdoor Science Camp					
16	Scoliosis Screen					
17	Scoliosis Referral					
18	Emergency Card Review					
19	Blank Cards Follow-up					
20	Medications at school					
21	Controlled Substance Administered at School					
22	Staff Trainings for Health Care Procedures					
23	ID w/Special Health Problems Listed on Confidential Student Health Problem List					
24	Eating Disorders					

25	Seizure Disorder					
26	Diabetes					
27	Requiring Insulin Injections Daily					
28	Documented Asthma					
29	Inhalers at School					
30	Observed Inhaler Competence					
31	Epi-Pen Injectors Anaphylaxis					
32	Requiring Supervision of Specialized Procedures					
33	Students Requiring Intensive Case Management					
34	Sensitive Services					
35	Contagious Diseases Managed This Year					
36	Hep A					
37	Help B/C					
38	Positive PPD Follow-up					
39	Chickenpox					
40	Head Lice Follow up					
41	Special Ed Referrals for Visually or Hearing Impaired					
42	Health Study for IEP or 504					
43	Health & Development Histories Required for IEP'S					
44	Students Receiving Health Assessment for Student Study Teams					
45	IEP Meetings Attended					
46	504 Accommodation Plan Meetings Attended					
47	Home Visits					