



Escambia County Public Schools
Health Services Department
30 E. Texar Drive, Suite 103
Pensacola, FL 32503 Phone: 469-5456

Health Requirements for Registration

To be completed for all students enrolling in Escambia County Schools in Florida

PHYSICAL EXAMINATION

- Any new student entering Florida schools for the **first time**, including pre-kindergarten or kindergarten, must present a certification (DH form 3040, or other comparable form) of school-entry health examination by the first day of school attendance. However, **under hardship circumstances**, a new student may be given a **30-day grace period when necessary to obtain a school physical**. Documentation must be provided by 30 days, or the student will be temporarily excluded from school pending documentation of the exam. **S.1003.22(1), F.S.**
- Health examinations performed by licensed health professionals outside of Florida are acceptable as long as the documented exam meets minimum requirements and was completed **within 1 year of the first day the student will attend school**.

IMMUNIZATIONS

- Prior to admittance to or attendance in school**, grades pre-kindergarten through 12, students must present or have on file with the school a valid Florida Certification of Immunization (DH form 680) or Florida Religious Exemption (DH form 681) **S.1003.22 (4)(5), F.S.**
- A student who is not in compliance with the immunization law will be refused admittance and/or temporarily excluded from school attendance. **S. 1003.22 (10)(a)(b), F.S.**

EMERGENCY HEALTH FORMS

An emergency information form, updated annually, shall be completed for each student listing contact person, family physician, allergies, significant health history, and permission for emergency care. **64 F-6.004 F.A.C.**

- The Health Verification Form must be completed in its entirety with signature for emergency care.
- Parents of uninsured students are encouraged to apply for FL KidCare, a high quality, low cost health insurance for uninsured children through age 18 years.

NO REGISTRATION IS COMPLETE WITHOUT THE ABOVE HEALTH FORMS. HEALTH RECORDS ARE ACCEPTED ON TEMPORARY BASIS PENDING REVIEW AND APPROVAL.

STUDENT NAME: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____