



Health Records Referral

Legal Authority: F.S. 1003.22; FAC 64D-3.046 & 6A-6.024

Name: _____ Grade: _____ Date: _____

School: _____ Teacher: _____

Review of Health records indicates your child needs the item(s) checked below:

Physical Examination

_____ Your child does not have a current physical examination in our files. Florida law requires this to be provided for initial admittance into PK-12 grade. A physical performed within the 12 months prior to the first day of attendance are acceptable. If your family is experiencing financial hardship, please reach out to Health Services at (850) 469-5456 or 439-2681, as resources may be available.

Please provide the Physical Examination to the school by: _____ to avoid any temporary exclusion from school.

Immunizations

_____ Your child does not have a current Florida Certificate of Immunization (DH680) that is appropriate for their grade level, nor a Florida Religious Exemption (DH681). Florida law requires a certificate of immunization be provided for entrance into PK-12 grade. The Certificate of Immunization (DH680) can be obtained from your pediatrician's office, or the Escambia County Department of Health. A Religious Exemption (DH681) can be obtained from the Escambia County Department of Health (no other documentation is required). You may reach the Escambia County Department of Health at (850) 595-6554.

_____ Your child currently has a Temporary Florida Certificate of Immunization on file with us, that shows it will expire/has expired on: _____. Please call the Escambia County Department of Health or your pediatrician's office in order to get the needed vaccines for your student's grade.

Please provide the Immunization Record (DH680) to the school by: _____ to avoid any temporary exclusion from school.

Annual Health Verification Form

_____ Your child does not have a current Health Verification Form on file for this school year. This form allows for the parent/guardian to give consent, decline consent for specific Health Services being offered to your child (ranging from first aid, to screenings). Additionally, this form allows the school Health Clinic to provide emergency care to your child if needed, and to be aware of any medical needs that your child may have.

Please fill out and send the attached Health Verification form to the School Health Clinic asap.

Other

Please contact your school with any questions.

Sender: _____

Revised 7/30/26

Print

Sign

Date

