| RESPONSIBILITIES | | **AUG** | | **SEPT** | | **OCT** | | **NOV** | | **DEC** | | **JAN** | | **FEB** | | **MAR** | | **APR** | | **MAY** | | **JUNE** | | **JULY** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Update student health records & review immunizations for compliance | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| New entrants physicals/sports physicals/transition program (18yr-21r) physicals | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Review absentee records to identify health problems requiring nursing interventions | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Provide health services and consultation to students; let students know where health office is located | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| In coordination with teachers, provide classroom educational programs per district policy | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Create/Update District Website for Communicable Disease Alert: “What’s going around school” | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Prepare health bulletin board with timely information | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Attend faculty meetings and discuss school health services | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Develop emergency medical care plans | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Develop individualized health care plans (IHCP) | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Maintain exposure incidents; follow-up with employee and physician | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Complete services log for Medicaid reimbursable nursing services | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Review field trip request forms:  Coordinate nursing coverage for medication, treatments, have medication cards ready to go, etc. | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Conduct hearing screening & follow-up | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Conduct scoliosis screening & follow-up | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Conduct vision screening & follow-up | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

This sample resource is located at [www.schoolhealthny.com](http://www.schoolhealthny.com) – Samples|Forms – 11/2021