

DH Form 3040 Questions & Answers

The Basic Facts: Florida Statute 1003.22(1), and Chapter 6A-6.024, Florida Administrative Code, outlines the basic DOE requirements for school-entry health examinations. These regulations are referenced in the answers below.

- The statute and rule only address exams for DOE mandated programs - grades K through 12. Pre-K is no longer included (2002 Florida School Code).
- The statute requires a certification of school entry examination performed within 1 year prior to enrollment.
- The rule requires the examination to be performed by a health professional licensed (in Florida or any other state) to perform general health examinations.
- The rule states that the examination may be documented on the form 3040, or a signed statement by the health professional indicating the results.
- The rule requires the licensed health professional to certify that the health examination has been performed.

The DH 3040, 6/02, School Entry Health Examination consists of three parts:

- I. Child's Medical History (completed by the parent/guardian)
 - II. Medical Evaluation (completed by health care provider)
- Guide for Completing the School Entry Health Exam (DH 3040 Form)
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1. The guide refers to completing the form for Pre-K to 12. Is this form to be used for daycare? Was it the intention that pre-K meant all children prior to Kindergarten?

Answer: (a) The guide refers to pre-K based upon Florida Statute 232.0315(1), which was in effect when the form was developed. This statute has since been replaced by 1003.22, F.S. (b) DCF regulates childcare facilities. Chapter 65C-20.011, Health Records, Florida Administrative Code, specifies that the DH 3040 shall be used and on file within 30 days of enrollment into child care (see the attached rule for additional information). (c) Pre-K relates to child enrollment into DOE pre-K programs. The 3040 form incorporates recommendations by the Partnership for School Readiness. It is recommended that the 3040 be used for entry into a pre-Kindergarten program in order to incorporate these recommendations (although the statute no longer addresses pre-K in the examination requirements).

2. The guide states that page 2 is to be completed by the health care provider only. Can the provider's staff complete and sign the form for the provider much as they have in the past (this is done primarily if the parent requests the form on a day other than when the exam was done)?

Answer: The rule does not specifically address how the exam forms are to be completed. However, it does talk about certifying the examination (see statute above). While we do not have any control over who fills out the form, the examination is performed under the health professional's license and should be signed by that licensed provider. It has been interpreted that the provider may allow his/her employees to complete the form, and sign on his/her behalf. This is considered to be acceptable, as long as the name and address of the physician is legible.

3. Is the 3040 Form valid if some portions of page 2 are not completed by the provider, such as the BMI or screening results?

Answer: The guidelines for completing this form can only broadly detail the conditions of its use. Ultimately, it is up to the county health departments & school districts to determine what

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is locally acceptable (how much or how little information). Whatever is determined to be the local standard (in accordance with professional judgment, the 3040 guidelines, and state regulations), should be consistent. For instance, what laboratory tests the provider orders may be dependent upon the child's history, gross exam findings, and professional judgment – all issues the school nurse may not be aware of. Therefore, lab work might not be a specific requirement. Also, there are disagreements among providers regarding the validity of BMI screening, so some may not complete this section. It is up to the CHD/LSD to determine the minimum requirements that are acceptable for completion of the form.

Remember, no child is to be denied entry based upon the form or certification presented. Older forms or forms from other states that may be presented by the parent will differ in content from the current form. When appropriate, it should be encouraged that the current form be used and completed in its entirety.

4. When using the new DH 3040 form, is a lead screen required for children not on Medicaid? If the parent desires a Lead Screen and the child is not on Medicaid, can the CHD charge for the Lead?

Answer: It is especially relevant to the under school age child - and the childcare providers use this form. Medicaid would likely take exception to paying for a test for which all other children are exempt, even though there is greater possibility that children with low enough income to be on Medicaid are more likely to be exposed to lead.

Ultimately, the decision as to whether or not to accept a child in school without the indicated screenings will be a local decision. Locally, the decision may be made to require lead screening for pre-school children and not others, unless there is a reason to think the screening is necessary. How to pay for the testing is another local issue.

5. Why was the form revised?

Answer: Revision of the 3040 was a response to the requests from a number of programs for children, and child advocate groups that perceived the form as not being responsive to their needs. Dr. Marsha Fishbane from Palm Beach County CHD spearheaded the workgroup that revised the form, and the membership was fairly diverse.

6. The consent part of the form is worded in such a way that the information can only be shared within the district and with staff of "this school". How is this information provided to other districts when a student transfers out of the district?

Answer: The "this school" refers to the actual school where the child attends, where the child's cumulative health file resides, and likewise the respective school district. This is a state requirement and a state form for use within the State of Florida school system, and would be transferred with the student records, regardless of district.

7. Can a physician's office use an MD's rubber signature stamp, co-signed by a nurse on the DH 3040?

Answer: The opinion is that the MD's rubber signature stamp, co-signed by a nurse on the DH 3040 is acceptable. This may only apply to this form for this purpose.

8. DH 3040, Part I, Child's Medical History, is often blank when received by the school health staff. It seems to be the general consensus of doctors that the first page is for the parent to complete, and therefore is not their responsibility. Should the schools return these forms to the parent for

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completion? If they choose not to complete the form, can we refuse to accept it according to Florida Statutes?

Answer: The child should never be denied entry into school because of an incomplete exam form. Instead, make a copy of the form and send the copy home for the parent to complete the missing information and return. School Health staff should retain the original. Part II - Medical Evaluation, is the essential part of the form to be completed and signed by the physician that fulfills the requirements of the statute.

9. Page 1 of the DH 3040 Form is often left blank.

Answer: The parent should complete the health history and also sign for consent to share the information on the form as indicated. If the parent cannot complete the health history, the health care practitioner should do this when obtaining the child's history. If page 1 is blank when presented at school, please copy this page and send the copy home to be completed (keep the original on file).

10. The joint DOH/DOE Memorandum (dated October 11, 2002) announcing the revised form 3040 was sent to the public school nurses (who are employed by the local school district). These nurses have been keeping a supply on hand and often send the form to out of state physicians to complete for students transferring to the school district. Is this allowable, as I thought only the CHD or private providers could disseminate the 3040 form?

Answer: There are no restrictions in the statute or rule regarding who can distribute the form, only who can perform the exam and sign it. As you know, the exam requirements are pretty non-specific. Even though an out of state physician can use any form or certification for the exam, if the district nurses want to send the forms and the physician is willing to use it, that is fine and probably less confusing.

11. Does the initial school entry physical have to be documented on the DH 3040 Form? This has been a long-standing issue each year in the schools. The new 1003.22, F.S. (formerly 232.0315, F.S.), does not mention that the physical may or may not be on the Florida form.

Answer: Florida Statute 1003.22 only requires a certification of a school-entry exam performed within 1 year. Chapter 6A-6.024, Florida Administrative Code incorporates the HRS-H Form 3040 by reference, but does not specifically require it. It is encouraged that the current version of the DH 3040 Form be used, and most health departments have required its use. However, the language in the statute only requires a certification that a school entry examination has been performed within 1 year prior to enrollment.

12. What is the grace period for school entry health exams?

Answer: The statute governing school entry exams, 1003.22, F.S. (formerly 232.0315, F.S.), gives the local district school board the authority to allow a 30-school day grace period for students to meet this requirement. Local district policy should address the specific county requirements.

13. Is it allowable that CHDs photocopy the physical for parents to give to the school? I thought the school required the original. Our local policy says that the copy goes to the school and the original in the chart.

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Answer: The School Health Physical Exam Form, DH 3040, was developed as the school entry physical exam record. It is color coded for ease in retrieving the form from the child's Student Cumulative Record. Historically, it has been the School Health Office position that the original 3040 Form with the Physician's original signature is placed in the child's Cumulative folder.

14. Will the Child's Medical History portion be translated into other languages?

Answer: No. If the parent cannot speak or read English, someone has to translate for the physician. The information can be obtained at the time the exam is done, either by the physician or staff, to complete Part I.

15. I had a complaint from a physician about the DH 3040, Part I. He said that parents frequently call his office requesting that the form be filled out and faxed to the child's school so the child can be allowed to enter school. Therefore, when the form is faxed to the school, the history portion is blank, and there's no parent signature. The physician felt uncomfortable about not knowing what the parent would put on the form without the physician seeing it.

Answer: The parent has to have some responsibility for completing this, too. It is possible for the physician or his/her staff to complete the history question with the parent by phone if the parent isn't present. The signature can be obtained later by the school staff (as previously discussed). Otherwise, the physician should ensure the parent completes and signs Part I at the time of the physical.

16. How are physicians to be notified?

Answer: A letter to notify physicians about the revised form is currently being routed for approval. It is suggested that the County Health Departments and Local School Districts also make efforts to inform health professionals in their area of the new requirements.

17. How will district superintendents and school principals be notified?

Answer: A joint DOH and DOE Memorandum, dated October 11, 2002 was sent to all county health departments and school district superintendents as official notification of the revised form. The memorandum provided details about the form and means to obtain supplies of the form.

18. When should we stop using the "old" 3040 form.

Answer: A phase-out period for the old form will be approximately 6 months, after which time the old form will be obsolete. Since the form may be accepted up to one year after the child has been examined, the old forms may still be circulating for 18 months. Children who present with outdated forms should not be excluded from school, even after 18 months. Rather, we should educate the physicians involved regarding use of the revised form.

19. We have had increasing numbers of children presenting with physicals in foreign languages. This is a problem for the nurses and the schools, as someone would need to translate the language on each form, which in some counties can be more than 100 languages. We have said that no child should be refused entry because a physical is not on a form 3040, but this is a special problem, rendering the physicals useless in a lot of instances.

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Answer: This issue was taken to the DOH legal counsel. The answer below is the written response. Note that the key word is "usable".

“Section 1003.22 (1) F.S. (formerly s. 232.032 F.S.), mandates that each school board (and the governing authority of each private school), requires on initial entrance that every child present a certification of a school-entry health examination within 1 year prior to enrollment. DOE, in consultation with DOH has rulemaking authority under subsection (2) of the statute to implement the entry health exam requirement.”

“In the absence of a rule directly addressing this issue, the key to implementing the statute is the receipt of a usable health examination. If the exam report is in a foreign language, the exam is not usable. The school board should be able to require such usable health information, and where such is not received to require the parent to get the exam translated into English.”