

**HEALTH EDUCATION RECORD**

NAME OF YOUTH: _____

DOB: _____

DJJID#: _____

Purpose: This form is to document all cumulative health education provided to this youth.
All applicable categories are mandatory.

Topic	Date(s)	I-Individual G-Group	Facility Where Provided	Comments
Section I: Mandatory Prevention of Accidents	1.			
	2.			
	3.			
Alcohol & Substance Abuse (General Information)	1.			
	2.			
	3.			
Sexually Transmitted Disease Prevention	1.			
	2.			
	3.			
Smoking Cessation	1.			
	2.			
	3.			
Prevention of Communicable Diseases (e.g.TB, MRSA)	1.			
	2.			
	3.			
Cardiovascular Health Physical Fitness	1.			
	2.			
	3.			
HIV/AIDS General Information	1.			
	2.			
	3.			



Topic	Date(s)	I-Individual G-Group	Facility Where Provided	Comments
Nutrition Basics	1.			
	2.			
	3.			
Dental Hygiene	1.			
	2.			
	3.			
Personal Hygiene	1.			
	2.			
	3.			
Breast Self Exam	1.			
	2.			
	3.			
Testicular Self Exam	1.			
	2.			
	3.			
Family Planning	1.			
	2.			
	3.			
Prenatal, Postnatal Care and/or Parenting Skills (As applicable)	1.			
	2.			
	3.			
HIV Pre-Test Counseling (As applicable)	1.	INDIVIDUAL		
	2.	INDIVIDUAL		
HIV Post-Test Counseling (As applicable)	1.	INDIVIDUAL		
	2.	INDIVIDUAL		





FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Topic	Date(s)	I-Individual G-Group	Facility Where Provided	Comments
Medication Instruction (If medications are prescribed)	1.	INDIVIDUAL		
	2.	INDIVIDUAL		
	3.	INDIVIDUAL		
	4.	INDIVIDUAL		
	5.	INDIVIDUAL		
	6.	INDIVIDUAL		
Chronic Disease Information (Asthma, Seizure Disorder, Diabetes, etc.)	1.	INDIVIDUAL		
	2.	INDIVIDUAL		
	3.	INDIVIDUAL		
	4.	INDIVIDUAL		
	5.	INDIVIDUAL		
	6.	INDIVIDUAL		
Transitional Health Care Planning	1.	INDIVIDUAL		
	2.	INDIVIDUAL		
Health Orientation per 63M-2.0046	1.	INDIVIDUAL		
	2.	INDIVIDUAL		
	3.	INDIVIDUAL		
Other (fill in):	1.	INDIVIDUAL		
	2.	INDIVIDUAL		
	3.	INDIVIDUAL		
	4.	INDIVIDUAL		
	5.	INDIVIDUAL		
	6.	INDIVIDUAL		
	7.	INDIVIDUAL		
	8.	INDIVIDUAL		
	9.	INDIVIDUAL		

