



Page 1 of 2	<b>RECORDS DISPOSAL AUTHORIZATION CAMPUS NURSE RECORDS</b>	RMO-0006 Rev. 1/10/11
		1000-40 (RMR[b]) - Permanent

Campus:  <hr/>	Source Copy Retention:  RECORDS MANAGEMENT DEPT.
Contact Name:  <hr/>	Contact No.:  <hr/>
SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.  <hr/> Signature <span style="float: right;">Date</span>  <hr/> Name & Title	The scheduled records listed in Item 8 are to be disposed of in the manner checked below (specify only one):  <input type="checkbox"/> a. Destruction by: _____  <input type="checkbox"/> b. Converted to Electronic Records  <input type="checkbox"/> c. Other: _____

**LIST OF RECORD SERIES**

Sch.	Record Series No.	Title & Retention Period	Dates of Records	Volume (cubic feet)	Disposition Action & Date Completed after Authorization
SD	1000-20(a)	Accident reports – adults & employee injury reports. RET: FYE + 1 yr. CC = once provided to Risk Management & Health Services	EXPT	EXPT	SHRED
SD	1000-20(b)	Minor accident/incident reports. RET: FYE + 1 year. CC = once provided to Health Services	EXPT	EXPT	SHRED
SD	3250-20	504 & TSST Records. RET: FYE + 1 year. CC = once provided to Special Ed.	EXPT	EXPT	SHRED
SD	3300-01	Student accident/incident reports. RET: FYE + 1 year. CC = once provided to Health Services	EXPT	EXPT	SHRED
SD	3300-02	Activity and statistical reports - Clinic Manager Reports. RET: 3 years			SHRED
SD	3300-02	Activity and statistical reports - Daily Logs. RET: 3 years			SHRED
SD	3300-02	Activity and statistical reports - HEALTH EDUCATION REPORT. RET: FYE + 1 year. CC= once provide to Health Services			SHRED
SD	3300-03	Correspondence with parents or guardians. RET: 2 years.			SHRED
SD	3300-04	Cumulative health card or record. RET: DOW + 7 yrs	NA	NA	Place in cume folder

SD	3300-05	Emergency cards. RET: US or until student ceases enrollment, whichever sooner	EXPT	EXPT	SHRED
SD	3300-06 (a), (b), and (c)	Exclusion and verification documentation (a)(1) Affidavits of medical contraindications, lifelong (a)(2) Affidavits of religious conflicts b) Verifications of mumps or measles illness c) Verifications of prior testing of sight, hearing, and spinal curvature. RET: DOW + 7 yrs.	EXPT	EXPT	Place in cume folder
SD	3300-07(a)	Health screening - Worksheets, checklists, exam forms & similar docs. RET: Destroy paper copy after entry in TEAMS (AV)	EXPT	EXPT	SHRED
SD	3300-07(b) & 3300- 08(b)	Annual reports Vision/hearing/spinal screening submitted to Tx Dept of Health Immunization submitted to Tx Dept of Health RET: <i>FYE + 1 year. CC = (once provided to Health Services)</i>	EXPT	EXPT	SHRED
SD	3300-08(a)	Immunization records - administered by non-district employee. RET: DOW + 2 yrs, handled by RMD	NA	NA	Place in cume folder
SD	3300-08(c)	Immunization records and consent forms- administered by district. RET: 21st birthday or 10 years following end of calendar year in which consent form was signed, whichever later.	NA	NA	Place in cume folder
SD	3300-09	Physician referrals and reports. RET: Destroy paper copy after conversion and entry into electronic document (AV)	EXPT	EXPT	SHRED
SD	3300-10	Reports to enforcement agencies. RET: 2 years			SHRED
SD	3300-11(a)	Health care records - Medication Log. RET: 3 years			SHRED
SD	3300-11(b)	Health care records - Parent's Request & Physician's Authorizations. RET: End of validity of request or authorization + 2 years			SHRED
SD	3575-11	Employee immunization record and consent forms. RET: SOURCE COPY should be sent to Health Services. Do Not Keep CC after providing to Health Services	NA	NA	Send to Health Services
SD	SLR509-1	Service tickets - TX Medicaid & Healthcare Partnership (TMHP) Records. RET: Hard Copies - FYE + 1 year, Electronic Record - Do not retain hard copy. CC = after provided to Special Ed. or entered in SHARS	EXPT	EXPT	Send to Spec. Ed. or enter in SHARS

DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

\_\_\_\_\_  
Records Management Officer

\_\_\_\_\_  
Date

DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in last column (Disposition Action & Date).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Destroy by: Company or Campus Name

NOTE: Upon disposition retain this form for 3 years for audit purposes. Source copy is retained by Records Management.