

Below is a protocol established and signed by a physician wherein an RN administers a "Free from Communicable Disease" Screening Tool to ensure that caregivers are assessed and cleared, meeting the guidelines established in [59A-18.005\(6\) FAC](#); [400.506\(6\)\(a\) FS](#).

The screening tool was developed based on established communicable disease screening tools already in use by the Wisconsin Department of Health and Mount Sinai Hospital.

Protocol: Communicable Disease Screening and Clearance Process for Caregivers

Purpose

To establish a structured protocol, established and signed by a physician, wherein an RN administers a "Free from Communicable Disease" Screening Tool.

Scope

This protocol applies to an RN administering limited communicable disease screenings to in-home caregivers acting "pursuant to an established protocol signed by a licensed physician". The activities under this protocol are limited to those authorized by [59A-18.005\(6\), Florida Administrative Code](#), and [400.506\(6\)\(a\), Florida Statutes](#).

Definitions

- **Communicable Diseases:** Illnesses caused by infectious agents or their toxins, which can spread directly or indirectly. Examples include tuberculosis (TB), influenza, hepatitis, and COVID-19.
 - **Screening Tool:** A limited structured questionnaire approved by the overseeing physician to assess general symptoms, exposure, and risk factors related to communicable diseases.
 - **Health Statement:** A document to demonstrate that an individual has completed the screening tool and shows that there were no reported communicable disease risks.
-

Roles and Responsibilities

Physician

- Review and approve the developed screening tool and associated Health Statement based on current medical guidelines and regulations.

Registered Nurse (RN)

- Administers the screening tool to caregivers.
 - Perform follow-up steps, including:
 - Review screening tool responses.
 - Approve completed screenings that show no indication of communicable disease.
 - Decline screenings that show any risk of communicable disease.
 - Refer Caregivers who show Communicable Disease risks to a health provider for further evaluation.
 - Issue of Health Statement certificates for caregivers who show no signs of communicable disease based on the completed screening tool.
-

Procedure

1. Initial Screening

- The RN administers the "Communicable Disease Screening Tool" to each caregiver.
- The screening includes:
 - Symptom review (e.g., fever, cough, rash).
 - Exposure history (e.g., contact with infected individuals).

2. Clinical Assessment

- If symptoms, exposures, or other concerns are noted, the RN refers the caregiver to a medical professional for further evaluation.
 - Free From Communicable Disease Statement will not be issued until the caregiver meets defined criteria/guidelines.

4. Documentation

- Caregivers who complete and “pass” the Communicable Disease Screening Tool will be issued a Health Screening Statement signed by an RN “acting pursuant to an established protocol signed by a licensed physician”.

5. Follow-Up

- Caregivers with unclear or negative findings will be referred to a healthcare provider for further assessment.
 - Caregivers will have 6 months to receive appropriate treatment and/or clearance to demonstrate they are free from communicable diseases.
 - This will be demonstrated by the resubmittal of the screening tool.

References

- [59A-18.005\(6\) FAC](#)
 - [59A-18.005\(6\) New](#)
- [400.506\(6\)\(a\) FS](#)
 - [400.506\(6\)\(a\)](#)
- [Screening Tool](#)
- [Florida Department Of Health Immunizations](#)
- [Health Statement](#)
- [License of Nurse Administering Screening](#)
- [Wisconsin Department Of Health Communicable Disease Screening Tool](#)
- [Mount Sinai Infectious Diseases Screening Tool](#)

This protocol was reviewed and signed by:

Kristy A Fisher

DigiSigned by
krstyfshr@gmail.com
Date: 11/22/25
3:15:37PM EST

Dr Kristy Fisher

ME 161179

License#: _____

Date: 11/22/2025

-Protocol to be reviewed and renewed by the overseeing physician every 2 years.



KRISTY FISHER

License Number: ME161179

Data As Of 11/25/2025

Profession	Medical Doctor
License	ME161179
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	03/02/2023
Address of Record	280 SW Natura Ave DEERFIELD BEACH, FL 33441
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9325 Glades Road Suite 205
BOCA RATON, FL 33434

Address

983 N. University Drive
CORAL SPRINGS, FL 33071

Address

4050 West Broward Blvd
PLANTATION, FL 33317

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and



SCOTT THOMAS STRACHAN

License Number: RN9224129

Data As Of 11/25/2025

Profession	Registered Nurse
License	RN9224129
License Status	Clear/Active
Qualifications	Single-state License
License Expiration Date	7/31/2026
License Original Issue Date	10/18/2004
Address of Record	6314 CORPORATE CT SUITE 160 FORT MYERS, FL 33919
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.