

TO BE COMPLETED BY A PHYSICIAN

ROCHESTER SCHOOL HEALTH SERVICES

150 Wakefield Street, Suite 8 ~ Rochester, NH 03867-1348 ~ Tel. (603) 332-4090 ext. *4107 FAX (603) 332-4800

Student's Name: _____ Date of Birth: ____/____/____ Sex: _____
Doctor's Name: _____ Phone: _____

You must bring immunization record with you to register your child - it may not be faxed. Once initial Immunizations have been presented for registration, a physical and any subsequent immunizations needed may be faxed to the secured Nursing line, 332-4800. If necessary, I give permission for the physician to Fax or Mail Health form to the Rochester School District.

Parent's Signature: _____

Results of a Vision Screening: _____ Results of a Hearing Screening: _____

The following information is part of a health history or was noted during the physical exam and should be included on the student's school health record: _____

Please check history/present concern regarding any of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> RAD | <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Behavioral Issues |
| <input type="checkbox"/> Serious Illness/Injuries | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Surgery | <input type="checkbox"/> Nutritional Concerns |
| <input type="checkbox"/> Hospitalizations | | |

If required please provide more information about any of the items you have checked above:

Are there any other concerns or chronic health conditions you would like to mention? _____

Is this student physically capable of carrying a full program of school activities?

***** PLEASE PROVIDE A COPY OF THE CURRENT IMMUNIZATION RECORD *****

I hereby certify the above named student has received the required immunizations and medical exam in accordance with New Hampshire State Law.

MD's Signature: _____ Date of Exam: ____/____/____ Today's Date: ____/____/____

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New Hampshire State Law requires documented proof of the following before a student can be permitted to attend school:

RSA200:38 All children shall be immunized prior to school entrance in accordance with RSA 141-C:20-a and the doses and age requirements in He-P301.14.

RSA 200:32 A complete medical examination by a licensed physician shall be provided prior to entrance into the school system and thereafter as often as deemed necessary by the local school authority.

He-P301.14 **Immunization Requirements for entry to school:**

***For Children less than 7 years of age** a minimum of 4 doses of **DPT** (if the last dosage was given after the age of 4) shall be deemed acceptable at the intervals indicated in He-P301.13 (4)c. A total of 5 doses are acceptable regardless of the age of administration as long as the minimum intervals are met.

***For children 7 years of age or older**, 3 doses of **TD** shall be considered acceptable, if one dose is after the 4th birthday.

***For children 11 years of age or older**, if it has been 5 years or longer since the last dose of tetanus toxoid containing vaccine, a one-time dose of a Tetanus, diphtheria, acellular pertussis (Tdap) vaccine is required, except if the child has a medical contraindication to pertussis vaccine, in which case the child shall receive Tetanus, diphtheria toxoid (Td) vaccine; then boost with Td every 10 years.

NOTE: If a child turns age 11 on or after the first day of the school year, they are required to have the Tdap shot (or Td) prior to the first day of the next school year.

*A minimum of 3 doses of Polio is acceptable, if the last dose was after the age of 4 and the vaccine doses are all IPV or all OPV.

Kindergarteners through 2nd graders – must have 3 to 4 doses of polio vaccine, with one dose on or after the 4th birthday, and the last two doses separated by 6 months.

3rd grade through 12th grade - needs 3 doses of polio vaccine with one dose on or after the 4th birthday, or 4 doses regardless of age at administration.

*One dose of each, Measles, Mumps and Rubella is acceptable. The dose shall be administered at 12 months or older.

*A second dose of Measles shall be required for all students K-12.

*Children **born on or after 1/1/93** are required to have 3 doses of Hepatitis B

***All children entering Kindergarten through 11th grades** shall have two doses of Varicella. Documentation of immunity by confirming laboratory test results is required for **incoming Kindergarten through 5th grade students** if student has not received Varicella vaccine. History of disease as reported by health care provider, or parent, is acceptable for **grades 6 through 12**.

***If there is not documented history of the chicken pox**, all children in **12th grade** shall have one dose of varicella vaccine. Children, who are vaccinated \geq 13 years of age, are required to have 2 doses of the vaccine.

***In younger pre-school children**, Haemophilus Vaccine is required. The number of doses is dependent upon the type of vaccine given.

*Other rules may apply depending upon the age of the student and the intervals in which the vaccines were given.

*A child may be admitted or enrolled under "Conditional Enrollment" with documentation of at least one dose of each required vaccine and **documentation of an appointment date** for the next dose(s) of required vaccine(s) consistent with an accelerated immunization schedule. **This appointment date shall serve as the exclusion date if the scheduled appointment is not kept.**

The reverse side is to be completed by Physician