

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: ____/____/____

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

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:

***Immunization requirements for Preschool, 3-5 years old, are listed on the back side of the Blue Form in this packet.**

DTaP, DT/DTP, Tdap/Td:

***For Children 6 years and under**, a minimum of 4 or 5 doses of a DTaP vaccine with the last dose given on or after the 4th birthday shall be deemed acceptable at the intervals indicated in He-P301.13 (4)c. **Also, for children 6 years and under**, the 5th dose is not necessary if the 4th dose was administered at age 4 years or older.

***For children 7 years and older**, 3 or 4 doses of DTaP, Tdap or Td vaccine with the last dose given on or after the 4th birthday.

***For Grades 7-12**, 1 dose of Tdap is required for entry into 7th grade. A Tdap vaccine given on or after the 7th birthday meets the school requirement for Grade 7.

POLIO:

***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.

***If a combined IPV/OPV polio schedule was used**, 4 doses are always required, even if the 3rd dose was after the 4th birthday.

***Kindergarteners through 5th 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.

***6th grade through 12th grade** - needs 3 doses of polio vaccine with the last dose given on or after the 4th birthday, or 4 doses regardless of age at administration.

MMR:

***Kindergartners through 12th graders** - 2 doses required; the first dose must be on or after the 1st birthday.

Hepatitis B:

***Children born on or after 1/1/1993** are required to have 3 doses of Hepatitis B

Varicella:

***All children entering Kindergarten through 12th grades** shall have two doses of Varicella. Documentation of immunity by confirming laboratory test results is required for **incoming Kindergarten through 8th grade students** if student has not received Varicella vaccine. History of disease as reported by health care provider, or parent, is acceptable for **grades 9 through 12**. **In all grades**, the first dose of varicella must be on or after the 1st birthday.

***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