

**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:**

**\*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 4<sup>th</sup> birthday shall be deemed acceptable at the intervals indicated in He-P301.13 (4)c. **Also, for children 6 years and under**, the 5<sup>th</sup> dose is not necessary if the 4<sup>th</sup> dose was administered at age 4 years or older and is at least 6 months after the previous dose

**\*For children 7 years and older**, 3, 4 or 5 doses of DTaP, Tdap or Td vaccine with the last dose given on or after the 4<sup>th</sup> birthday.

**\*For Grades 7-12**, 1 dose of Tdap is required for entry into 7<sup>th</sup> grade. A Tdap vaccine given on or after the 7<sup>th</sup> 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 3<sup>rd</sup> dose was after the 4<sup>th</sup> birthday. Any OPV dose given on/after April 1, 2016 does not count toward the polio vaccine requirement and the series must be completed with IPV

**\*Kindergarteners through 8th graders** – must have 3 to 4 doses of polio vaccine, with one dose on or after the 4<sup>th</sup> birthday, and the last two doses separated by 6 months.

**\*9th grade through 12<sup>th</sup> grade** - needs 3 doses of polio vaccine with the last dose given on or after the 4<sup>th</sup> birthday, or 4 doses regardless of age at administration.

**MMR:**

**\*Kindergartners through 12<sup>th</sup> graders** - 2 doses required; the first dose must be on or after the 1<sup>st</sup> 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 12<sup>th</sup> grades** shall have two doses of Varicella. Documentation of immunity by confirming laboratory test results is required for **incoming Kindergarten through 11<sup>th</sup> grade students** if student has not received Varicella vaccine. History of disease as reported by health care provider, or parent, is acceptable for **grade 12**. **In all grades**, the first dose of varicella must be on or after the 1<sup>st</sup> 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**