

**TO BE COMPLETED BY A PHYSICIAN**

**ROCHESTER SCHOOL HEALTH SERVICES**

150 Wakefield Street, Suite 8 ~ Rochester, NH 03867-1348 ~ Tel. 332-4090 ext. 327 FAX 330-3743

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, 330-3743. **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. 332-4090 ext. 327 FAX 330-3743

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, 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 a 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 dosage was after the age of 4 and the vaccines given are all IPV or all OPV. Four doses of any combined type of vaccine are acceptable regardless of the age.

\*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 3<sup>rd</sup> grades, and 6<sup>th</sup> through 8<sup>th</sup> grades** shall have two doses of Varicella. Documentation of immunity by confirming laboratory test results is required for incoming Kindergarten through 2<sup>nd</sup> grade students if student has not received Varicella vaccine. History of disease as reported by health care provider, or parent, is acceptable for grades 3 through 12.

**\*If there is not documented history of the chicken pox**, all children 4th through 5<sup>th</sup> grades and 9<sup>th</sup> through 12<sup>th</sup> grades shall have one dose of varicella vaccine. Children, who are vaccinated > 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**

*Reviewed/Revised 5/18/2011*

*Nursing Share/Registration Forms/Physical Form 2011-2012*