

NEWFIELDS ELEMENTARY SCHOOL
9 Piscassic Road
Newfields, NH 03856 (603)772-5555

To the Parents of Newfields' students who are new to the school:

HEALTH RECORD for _____ Entering grade _____

Date of Birth _____ Sex _____ Parents/Guardians _____

THE NEW HAMPSHIRE STATE LAW REQUIRES

RSA 200:32 **A complete medical examination by a licensed practitioner upon or prior to entrance into a public school system and thereafter as often as deemed necessary by the local school authority.**

RSA 200:141-C **The immunizations listed below must be completed prior to school entry. Below are the requirements for 2014-15 school year.**

- 1) **MMR** (measles, mumps, rubella) - 2 doses of MMR, at the acceptable intervals*.
- 2) **IPV** (polio vaccine): Grades K and 12: 3- 4 doses IPV, as long as the last dose was after the 4th birthday. The doses must be given at the correct intervals*.
- 3) **DTP/DT, DTaP, Td/Tdap** (Diphtheria, Pertussis and Tetanus): A minimum of 4 doses at acceptable intervals with the last dose on or after 4th birthday. At 11 yrs. and it has been 5 yrs. since last tetanus toxoid, a onetime dose of Tdap is needed*.
- 4) **Hepatitis B Vaccine** (Hep B): 3 doses at acceptable intervals*.
- 5) **Varicella Vaccine:** 2 doses*.

IMMUNIZATIONS					
Administration dates (MM/DD/YY)					
Immunization	1	2	3	4	5
DTP/DTaP/DT/Td/Tdap					
HIB					
Polio (IPV)					
Polio (OPV)					
Hep B					
Varivax					
MMR					

*** FOR ALL MINIMUM INTERVALS AND AGE REQUIREMENTS use your search engine and type in "immunization requirements for school in NH" and that brings up the Dept of Health and Human Services Immunization information page.**

****PLEASE COMPLETE BOTH SIDES OF THIS FORM****

PHYSICIAN'S REPORT OF SCHOOL HEALTH EXAMINATION

Name of Pupil _____ Date of birth _____

DEVELOPMENTAL HISTORY: Estimate of Functional Capacity

	Advanced for developmental phase	Consistent for developmental phase	Delayed for developmental phase
Gross motor			
Fine motor			
Language skills			

PHYSICAL EXAMINATION

Height _____
 Weight _____
 BMI _____
 Nutrition _____
 Posture: (remark on presence or absence of scoliosis and lordosis and define scoliosis as functional or organic) _____
 Skin _____
 Vision _____
 Hearing: _____
 Audiogram _____
 Tympanogram _____
 Blood Pressure _____
 Pulse _____ Resp. _____
 Lungs _____

 Heart _____

Nose _____
 Mouth/Dentition _____
 Pharynx _____
 Thyroid _____
 Lymph Glands _____
 Abdomen _____
 Hernia _____
 Genitalia _____
 Skeleton _____
 Feet _____
 Reflexes _____
Allergies _____

Medication _____

Is this child capable of carrying a full program of schoolwork including gymnastics and athletics?

_____ YES _____ No If not, please explain:

Date of Exam	Today's date
Practitioner's name (printed)	Practitioner's signature