

School: _____

Grade: _____

SCHOOL HEALTH SERVICES PHYSICAL/IMMUNIZATIONS

The health of each student greatly influences his/her ability to learn. The state of New Hampshire, under State Laws 200:32 and 200:38, Require that prior to a child entering the public school system that the child be properly immunized and that the child have a complete medical exam by a licensed physician and that the school have proof that this has been completed.

Physician/Provider's Report of Physical Exam and ImmunizationsPARENT/GUARDIAN: PLEASE RETURN COMPLETED FORM TO SCHOOL PRIOR TO CHILD ATTENDING.

Name of student _____ D.O.B. _____

Height	Weight
Eyes	Vision
Ears	Hearing
Nose	Tonsils
Nutrition	Hgb
Glands	Heart
Lungs	Orthopedic

Medications: _____

Teeth: Primary _____ Permanent _____

Nervous System (specify if epilepsy) _____

Previous diseases and operations _____

Recommendation and/or special instructions _____

Is the child able of participation in a full program of school work including gym, sports & recess? Yes___ No___

Must the school program be modified to meet the needs of this child? Yes___ No___

By restricting the use of stairs? Yes___ No___

By special seating accommodation? Yes___ No___

Rest periods? Yes___ No___

Other _____

Allergies? _____

What reaction, if any? _____

RECORDS OF IMMUNIZATIONS:	1 month /day/year	2 month/day/year	3 month/day/year	4 month/day/year	5 month/day/year
DPT					
TD (Adult)					
Polio (Oral tri)					
MMR					
HEP B (HBV)					
HIB					
Varicella/Disease					

Tdap Date _____ 11 years old required

Date of examination: _____

Examining Physician/Provider: _____

Address: _____

Phone Number: _____

Reviewed: January 6, 2021

First Reading: January 12, 2021

Second Reading: January 26, 2021

Approved: January 26, 2021