

**Main Street School  
Health Office  
40 Main Street  
Exeter, NH 03833  
(603) 775-8948**

**Both sides of this form are to be completed OR a signed electronic copy from your provider.**

HEALTH RECORD for: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Parents/Guardians: \_\_\_\_\_

**THE NEW HAMPSHIRE STATE LAW REQUIRES**

**RSA 200:32** A complete medical examination by a licensed physician 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.

- 1.) **MMR (Measles, Mumps, Rubella)** – Two doses of MMR, given at acceptable intervals: Dose #1 on or after 12 months of age, dose #2 a minimum of 4 weeks after the first dose.
- 2.) **Polio Vaccine (IPV/OPV)** – 4 doses will be acceptable regardless of the age of administration. 3 doses of an all eIPV or all OPV schedule will be acceptable as long as one dose was administered after the child's 4<sup>th</sup> birthday. If a combination of IPV/OPV has been administered, all 4 are needed.
- 3.) **Diphtheria, Pertussis and Tetanus (DTP)** – 4 or 5 doses given at acceptable intervals are required for school entry with the 4<sup>th</sup> or 5<sup>th</sup> dose given on or after the child's 4<sup>th</sup> birthday. Acceptable intervals: Dose #1 at no less than six weeks of age. Dose #2 and #3 shall be separated from the previous dose by a minimum of four weeks. Dose #4 shall be separated by a minimum of six months from dose #3. Dose #5 is recommended from 4-6 years of age and must be separated from dose #4 by six months.
- 4.) **Hepatitis B Vaccine (Hep B)** – Born on (or after) 01/01/1993, three doses at acceptable intervals: Doses #1 and #2 should be separated by at least 28 days. Dose #3 administered on or after age 24 weeks, it must be separated by a minimum of 16 weeks from dose #1, and 8 weeks from dose #2.
- 5.) **Varicella Vaccine** – Two doses given at acceptable intervals: Dose #1 on or after 12 months of age. For children less than 13 years of age, the recommended minimum interval between dose #1 and dose #2 is 3 months. For children greater than 13 years of age, the recommended minimum interval between dose #1 and dose #2 is 4 weeks.

	<b>ADMINISTRATION DATES: (MM/DD/YY)</b>				
<b>IMMUNIZATION:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<u>DTP/DTaP/DT/TD</u>	_____	_____	_____	_____	_____
<u>HIB</u>	_____	_____	_____	_____	_____
<u>Polio (eIPV)</u>	_____	_____	_____	_____	_____
<u>Polio (OPV)</u>	_____	_____	_____	_____	_____
<u>HEP B</u>	_____	_____	_____	_____	_____
<u>Varivax</u>	_____	_____	_____	_____	_____
<u>MMR</u>	_____	_____	_____	_____	_____

**FOR ALL MINIMUM INTERVALS & AGE REQUIREMENTS, PLEASE ACCESS THE SCHOOL WEBSITE AT: [www.sau16.org](http://www.sau16.org)**

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**Physician's report of School Health Examination**

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**Developmental History: (Estimate of functional capacity, please check findings.)**

Advanced for Developmental Phase    Consistent for Developmental Phase    Delayed for Developmental Phase

Gross Motor	_____	_____	_____
Fine Motor	_____	_____	_____
Language Skills	_____	_____	_____

**Physical Exam:**

Height _____	Pharynx _____
Weight _____	Thyroid _____
Nutrition _____	Lymph Glands _____
General Body Type _____	Lungs _____
Skin _____	Blood pressure _____
Vision _____	Pulse rate _____
Hearing: Audiogram _____ Tympanogram _____	Abdomen _____
Nose _____	Hernia _____
Teeth _____	Genitalia _____
Feet _____	Reflexes _____
Skeleton _____	

Posture (remark on presence or absence of scoliosis, and lordosis, and define scoliosis as functional or organic) \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this child capable of athletics or gymnastics? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks and recommendations: \_\_\_\_\_  
\_\_\_\_\_

**DATE OF EXAM:** \_\_\_\_\_ **PHYSICIAN'S SIGNATURE:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_ **PHYSICIAN'S PRINTED NAME:** \_\_\_\_\_