STRATHAM MEMORIAL SCHOOL
Tom Fosher, Principal
39 Gifford Farm Road
Stratham, NH 03885 (603) 772-5413
Judy Lewis, R.N.
Jeanine Gallant, R.N.
Jennifer Kneeland, LPN

To the Parents of Stratham Kindergarten Children or Transfer Students:

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) - one dose of MMR given on or after the 12 month birthday. A second measles vaccine is required prior to children entering kindergarten.

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 4th birthday. If a combination has been administered all 4 are needed.

3) **Diptheria, Pertussis and Tetanus** (DPT)
A minimum
(Adult type TD when child is over six years of age) or 5 doses regardless of age.

4) **Hepatitis B Vaccine** (Hep B) - a minimum of 3 doses for children born on or after January 1, 1993. Third dose administered at age 6 months or older with 28 days between doses 1 and 2 and 2 months between doses 2 and 3 with at least 4 months between 1 and 3.

5) **Varicella Vaccine -** 1 Dose or parent record of the disease.

	II				
	Administration dates (MM/DD/YY)				
Immunization	1	2	3	4	5
DTP/DTaP/DT/TD					
HIB					
Polio (eIPV)					
Polio (OPV)					
Hep B					
Varivax					
MMR					

*** FOR ALL MINIMUM INTERVALS AND AGE REQUIREMENTS PLEASE ACCESS THE SCHOOL WEBSITE AT: http://www.sau16.org**

PLEASE COMPLETE BOTH SIDES OF THIS FORM

STRATHAM MEMORIAL SCHOOL
39 Gifford Farm Road
Stratham, NH 03885 (603) 772-5413

PHYSICIAN'S REPORT OF SCHOOL HEALTH EXAMINATION

Name of Pupil _____ Grade _____

DEVELOPMENTAL HISTORY: Estimate of Functional Capacity

	Advanced for Developmental Phase	Consistent for Development Phase	Delayed for Dev. Phase
GROSS MOTOR			
FINE MOTOR			
LANGUAGE SKILLS			

PHYSICAL EXAMINATION

Height_____
Weight_____
Nutrition_____
General Body Type (
short & heavy, etc.
_____
Posture (remark on presence or absence of scoliosis and lordosis and define scoliosis as functional or organic)
_____
_____
Skin_____
Vision_____
Hearing
Audiogram__
Tympanograr
Nose_____
Mouth_____
Teeth_____

Pharnyx_____
Thyroid_____
Lymph Glands_____
Lungs_____
Blood Pressure_____
Pulse Rate_____

Abdomen_____
Hernia_____
Genitalia_____
Skeleton_____
Feet_____
Reflexes_____
(If deemed necessary by examiner)
Allergies_____
Medication_____

Is this child capable of gymnastics and athletics? If not, please explain. Yes _____ No_____

REMARKS AND RECOMMENDATIONS:

DATE OF EXAM____ PHYSICIAN'S SIGNATURE_____

TODAY'S DATE_____ PRINTED PHYSICIAN'S NAME_____

PLEASE COMPLETE BOTH SIDES OF THIS FORM