

ST. JOSEPH REGIONAL CATHOLIC SCHOOL

GOD, FAITH, AND FAMILY – PREPARING OUR CHILDREN FOR SUCCESS 40 MAIN STREET SALEM, NH 03079
(603) 893 – 6811

Name: _____ Date of Birth: ____/____/____ Age: ____

Address: _____ Telephone Number: _____

Child lives with: Mother Father Guardian (Relationship to child _____)

Parent(s)/Guardian Name(s): _____

Parent/Guardian Signature: _____

New Hampshire State Law (RSA 200:38 and RSA 200:39) establishes the need for a physical examination and certain immunizations before a child may enter school, unless excused by the school board for religious reasons, or a physician determines that the immunization would be detrimental to the child's health. The legislation and the policies of the New Hampshire Board of Education and the state Department of Health and Welfare require a child be excluded from school if the requirements are not met.

IMMUNIZATION RECORD (to be completed by physician)

VACCINATION	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y
DPT (Diphtheria, Pertussis, Tetanus)					
OPV (Oral polio vaccine)					
MMR (Measles, Mumps, Rubella)					
HIB (H.Influenza, Type B)					
Hepatitis B					
Varivax (Chicken Pox)					
TD (Tetanus)					

LAB/TEST	DATE	RESULT	LAB/TEST	DATE	RESULT
TB			Vision		
Hgb/Hct			Hearing		
Urine			B/P		
Lead			Height		
Other			Weight		

Estimate of Functional Capacity:

	Delayed for Developmental Phase	Consistent with Developmental Phase	Advanced for Developmental Phase	Comments
Gross Motor:				
Fine Motor:				
Language Skills:				
Social Skills:				
Emotional:				

Is this child capable of a full program of school work including regular Physical Education? Yes No

Must the school program be modified to meet the needs of this child? Yes No

Comments/Recommendations: _____

Physician's Signature: _____ Date of Exam: ____/____/____

Address: _____ Physician's Stamp:

Telephone: _____