

**HEALTH RECORD FORM FOR NEW STUDENTS
(TO BE COMPLETED BY PHYSICIAN)**

Child's Name _____ Date of Birth _____

NEW HAMPSHIRE STATE LAW REQUIRES IMMUNIZATION RECORDS BE CURRENT AND ON FILE AT THE SCHOOL. THE CHILD MUST ALSO HAVE HAD A PHYSICAL WITHIN ONE YEAR OF ENTERING SCHOOL

Please attach a copy of the child's immunization record. This document should be on file with the school nurse prior to the start of school.

General Appearance _____	Nose/throat _____
General Nutrition _____	Mouth _____
Posture _____	Teeth/Gums _____
Skin/Scalp _____	Glands _____
Eyes/Ears _____	Heart/Lungs _____
Abdomen/Hernia _____	Murmur/Pulse _____

- | | |
|---|----------------|
| 1. Is this pupil physically capable of a full program of school work? | Yes ___ No ___ |
| 2. Should there be restrictions on up and down stair travel? | Yes ___ No ___ |
| 3. Is special seating recommended? | Yes ___ No ___ |
| 4. Is there need for dietary correction? | Yes ___ No ___ |

Does this pupil require continuing medical treatment and/or supervision? Yes ___ No ___

Please explain.

Recommendations as follow:

Date of Exam: _____ Examining Doctor: _____

PLEASE RETURN TO:

**School Nurse
Saint Mary Academy
222 Central Avenue
Dover, NH 03820**

New Student Health History

Child's Name _____ Entering Grade _____

Child's Address _____

Child's Birth Date _____ Place of Birth _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Health History

A. Hospitalization/Operation _____

B. Does your child have any chronic/recurring illnesses (e.g. asthma, diabetes, seizures, anxiety, headaches)? _____

C. Is your child taking any medication? _____ Yes _____ No

Please list name of medication, dose and reason. _____

D. Does your child have any allergies? _____ Yes _____ No

Please list any allergies including medicines, food, environmental and list reaction. _____

E. Does your child have any emotional/behavioral problems? _____ Yes _____ No

Please describe _____

F. Does your child have any developmental delays (e.g. physical, language)? _____ Yes _____ No

Please describe _____

G. Please list any other health concerns you may have regarding your child. _____