



# ST. JOSEPH REGIONAL CATHOLIC SCHOOL

*"Inspired by faith and guided by wisdom, our children soar!"* 40 MAIN STREET SALEM, NH 03079  
(603) 893 – 6811 WWW.STJOSEPHAGLES.COM

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:

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

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: \_\_\_\_\_