



HEALTH DOCUMENTATION FOR YOUR STUDENT

Vaccine Information (current as of 3/1/10)

As a State of New Hampshire educational institution, we are required to maintain up-to-date student health records and comply with New Hampshire State law. Each newly enrolled student must provide a copy of a recent physical examination for his/her health file in the Health Office. Immunization records must be current and also provided to the Health Office.

General immunization information for parents of all students includes the following New Hampshire immunization requirements:

All students: two doses of **measles-mumps-rubella**-containing vaccine, the first dose at age 12 months or older, and the second dose at least one month after the first dose.

All students: a minimum of four doses **DTP/DTaP/DT/Td/Tdap**, with one dose after the 4th birthday, or five doses total.

Students 11 years and older and 5 years since last tetanus-containing vaccine require a one-time Tdap vaccine booster.

All students: a minimum of three doses of all **OPV or all IPV (polio)**, with the last dose administered after the 4th birthday, or four doses of a combination of OPV/IPV, with at least one dose after the 4th birthday.

Three doses of **Hepatitis B** vaccine at the appropriate intervals for children born on or after 1/1/93.

Varicella (Chicken Pox):

- Two doses of **Varicella (chicken pox)** vaccine for Kindergarten, 1st, 2nd, 6th and 7th grade students.
- One dose of Varicella vaccine for 3rd - 5th AND 8th- 12th grade students
- Two doses of Varicella vaccine if first dose was administered when student was older than 13 years of age.
- A physician's OR parent's written statement attesting to the date and history of varicella/chicken pox disease, is acceptable for 2nd- 12th grade students.
- Documentation of immunity by confirming laboratory test results is also acceptable,
- Documentation of immunity by confirming lab test results is required for Kindergarten and 1st grade students if student has not received the Varicella vaccine..

Religious exemptions may be granted for all vaccines, but the New Hampshire Certificate of Religious Exemption form must be signed by the parent and notarized. This form may be obtained from the CCA Health Office. It will be kept with the student's health records. All immunization requirements must be met before your child enters school.

Pupil Medical Survey

A Medical survey form for grades Pre-School through High School is attached with your application booklet and should be given to your child's physician to complete. You may have your physician return it to CCA, or you may do it yourself. By Law, we must have current physical status information on file at CCA prior to the first day of school.

If you have any questions, please email Jennifer Lamoureux, RN, Health Care Consultant, at jenlamoureux@comcast.net.

* Please note that requirements for Pre-school age children are attached., as applicable.

Concord Christian Academy

2010-2011

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PUPIL'S MEDICAL SURVEY

The Physical exam must be within 12 months of the first day of school, and is required by all new admissions. Date _____

Male Female

Student's Name _____

Date of Birth _____

Age _____

Grade entering _____

Home phone _____

Father's Name _____

Mother's Name _____

Physician's Name _____

Phone _____

HISTORY

Please provide significant family and personal health history such as asthma, tuberculosis, diabetes, seizure disorders, behavior disorders, significant birth history (if known), operations, injuries, or illnesses.

Allergies: _____

REQUIREMENTS FOR SCHOOL ATTENDANCE:

DPT/DTaP OR TD: _____

Hib: _____

Polio: _____

MMR: _____

HEP B: _____

Varicella: _____

Other Vaccines _____

Medications _____

PHYSICAL EXAMINATION

Indicate below by placing a (★) for any abnormal findings and a (✓) for normal findings.

BP _____ Neck _____

Weight _____ lbs. Height _____ in. Mouth and teeth _____

Nutrition _____ Heart _____

Skin _____ Lungs _____

Ears (hearing) _____ Abdomen _____

Eyes (vision) _____ Genitalia (hernia) _____

Nose and throat _____ Extremities _____

Examination revealed concerns: **Limited** participation in sports and general physical education program recommended (please explain): _____

Description of abnormalities or handicaps and any specific recommendations: _____

Normal Physical Examination: **Full** participation in sports and general physical education program approved.

The above information is given at the request of the Concord Christian Academy as a part of the program of the school with the full knowledge of the pupil and his family.

Physician's Signature _____

Date of Physical _____

Today's Date _____