

TIMBERLANE/HAMPSTEAD SCHOOL DISTRICTS
School Administrative Unit No. 55, 30 Greenough Road, Plaistow, NH 03865

SCHOOL HEALTH SERVICES

PHYSICIAN'S REPORT OF SCHOOL HEALTH EXAMINATION

Name of Pupil _____ School _____ Grade _____

DEVELOPMENTAL HISTORY: Estimate of Functional Capacity

	Advanced for Developmental Phase	Consistent with Developmental Phase	Delayed for Developmental Phase
GROSS MOTOR			
FINE MOTOR			
LANGUAGE SKILLS			

PHYSICAL EXAMINATION:

Height _____
 Weight _____
 Nutrition _____
 General Body Type (Describe as tall & thin, short & heavy, etc.)

Pharynx _____
 Thyroid _____
 Lymph Glands _____
 Lungs _____

Cardiovascular _____
 Murmur _____
 Blood Pressure _____
 Pulse Rate _____
 At Rest _____
 After Exercise _____
 2 Min. After Exercise _____

Posture (Remark on presence or absence of scoliosis and lordosis and define scoliosis as functional or organic)

Abdomen _____
 Hernia _____
 Genitalia _____
 Skeleton _____
 Feet _____
 Reflexes _____
 (If deemed necessary by examiner)
 Allergies _____

Skin _____
 Vision _____
 Hearing _____
 Audiogram _____
 Tympanogram _____
 Nose _____
 Mouth _____
 Teeth _____
 Medication _____

Is this child capable of carrying a full program of schoolwork, including gymnastics and athletics? Yes [] No []
 Must the school program be modified to meet the needs of this child? Yes [] No []
 Any restriction in the use of stairs? Yes [] No []
 Any special seating accommodations? Yes [] No []

Are there any current chronic conditions? Yes [] No []
 (i.e. asthma, diabetes, allergies, etc...)

Other (Please specify) _____

DATE OF EXAM _____ PHYSICIAN'S SIGNATURE _____

TODAY'S DATE _____ PRINTED PHYSICIAN'S NAME _____

*****PLEASE COMPLETE BOTH SIDES OF FORM*****

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HEALTH RECORD for _____

Date of Birth _____ Sex _____

Parents/Guardians _____

To Parents of Entry-Level Children or Transfer Students:

New Hampshire State Law, RSA 200:32, requires that a complete medical examination by a licensed physician, physician assistant or advanced registered nurse practitioner upon or prior to entrance to a public school system and thereafter as often as deemed necessary by the local school authority. Your child’s physician must complete the **PHYSICIAN’S REPORT OF SCHOOL HEALTH EXAMINATION** found on the reverse of this form.

New Hampshire State Law RSA 141-C:20-a requires immunizations against certain diseases. The vaccines listed below are needed for school attendance, following the current New Hampshire Department of Health and Human Services Immunization Requirements.

Call your family physician to see if your child needs immunizations and/or when you see your family physician this year, don’t forget to ask about required immunizations.

Immunization	1	2	3	4	5
DTP/DTaP					
DT/Td					
Tdap after age 11yo					
Polio - IPV					
Polio - OPV					
MMR					
Hepatitis B					
HIB					
Varicella					

All children shall be immunized prior to school entrance in accordance with RSA 141-C:20-a.