



LYNNFIELD PUBLIC SCHOOLS  
525 Salem Street  
Lynnfield, MA 01940

## **Health Information for Incoming Grade 1-12 Students**

Welcome to the Lynnfield Public Schools. Our Health Services department invites you to partner with your school nurse in order to promote an optimal educational opportunity for your child that is supported by a coordinated and comprehensive school health program. Please arrange to meet with your school nurse to plan for any special health care needs or for the administration of any essential medications or procedures that are prescribed during the school day.

**Massachusetts Department of Public Health requires that a student may enter school only after the following requirements are met:**

- **Health History** completed by parent/guardian prior to or during registration.
- **Physical Examination** performed within one year prior to entry and signed by a health care provider.
- **Immunization** documentation is required for the following vaccines, and must be translated **before** entry, if necessary. Vaccine administration dates must include a month, day and year to verify your child's immunization compliance. (See schedule below).

### **Immunization Requirements for School Entry 2021-2022**

<b>Vaccine Name</b>	<b>Required Doses</b>
Hepatitis B	3
DTaP/DPT/DT/Td	5
Polio	4
MMR	2
Meningococcal conjugate	2
Varicella <sup>3</sup>	2

<sup>3</sup> Physician verification of chicken pox disease or serologic proof of immunity is acceptable.

Mary Homan MSN RN NCSN  
Coordinator of Student Health Services

Marc Pifko MD  
Physician Consultant

## Health History

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Health Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name of Medical Insurance Provider: \_\_\_\_\_ Insurance # \_\_\_\_\_

Student's Dentist \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Birth Information (Students entering Grades 1-4 only)	Yes	No	If YES, please describe in detail
Was the child premature? If yes, please indicate gestational age and birth weight			
Was there anything unusual about this pregnancy, labor or delivery?			
Did the child have any difficulty at birth or shortly after birth?			
Trouble reaching milestones			

Medications	Yes	No	If YES, please list
Does your child take any prescription medications?			
Does your child take over the counter medications on a regular basis?			

Medical Information	Yes	No	If YES, please describe in detail
Allergies (foods, insects, medications, latex)			
Foods to avoid for health or religious reasons			
Communicable Disease (eg. COVID19, strep throat, flu)			
Endocrine (e.g. diabetes, hormone disorder)			
Vision (e.g. vision difficulties, glasses)			
Hearing (e.g. hearing difficulties, infections)			
Nose, Mouth, Throat (e.g. frequent nosebleeds)			
Respiratory (e.g. asthma, pneumonia, chronic cough)			
Cardiac (e.g. congenital heart defect, heart murmur, restrictions)			
Gastrointestinal (e.g. reflux, food intolerance, constipation)			
Menstrual issues - please list date of onset			
Neurological (e.g. seizures, headaches, concussion, head injury, tics, tremors)			
Orthopedic (e.g. scoliosis, decreased strength/movement, joint pain)			
Urinary (e.g. wetting problems, kidney/bladder problems, difficulty urinating)			
Blood (e.g. bleeding disorder, anemia)			
Does your child have any other medical condition or receive medical treatment(s) on a regular basis?			
Does your child have any limitations or restrictions that may affect them at school?			
Has your child ever had surgery? (reason, age)			
Has your child ever had a serious accident?			
Has your child ever been hospitalized? (reason, age, duration)			
Behavioral (e.g. anxiety, depression)			
Developmental (e.g. autism, cognitive/language issue, social skills, gross/fine motor skills)			

Other Information	Yes	No	If YES, please describe in detail
Is there other information regarding your child that you would like to share with the school nurse?			

The information above is correct to the best of my knowledge.

Please type your name here: \_\_\_\_\_ Date: \_\_\_\_\_

*By typing your name in the box above, you acknowledge that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.*