

**Seacoast School of Technology
Health Information Requirements**

Student Name: _____
Student's DOB: _____

In keeping with the **State of New Hampshire and local agency health regulations**, students enrolled in the **Careers in Education, Culinary Arts and Health Science Technologies** programs at the Seacoast School of Technology must meet the following health requirements. *Please complete this form with the information requested and return completed form to the SST Office by the first day of classes for the coming school year.*

Students who have not provided the requested information will be unable to meet their program's participation requirements. The danger of exposure to communicable diseases and/or the transmission of communicable diseases to the receiver of services is a major health and safety concern for everyone. Your student's health and safety are a serious concern to us.

1. **Physical exam within the last year:** ___yes ___no: Date of exam: ___/___/___
Name of physician/nurse practitioner: _____

2. **Tuberculin Skin Test within the last year:** ___yes ___no: Date of test: ___/___/___
Results: _____

If student had BCG vaccine, please give date and where received: _____

3. Immunizations:

Immunizations	1 st	2 nd	3 rd	Booster(s)	Comments
Diphtheria Pertussis Tetanus (Tdap or Td Vaccine)					
Measles (MMR 2 doses)					
Mumps					
Rubella (German Measles)					
Varicella (Chicken Pox) Evidence of immunity or 2 doses vaccine					
Hepatitis B – Born on or after 1/1/1993 3 doses					
Polio – 3 doses of all IPV or all OPV schedule					
Other:					

Signature of Parent/Guardian: _____ Today's Date: _____