



250 Waltham Street ■ West Newton, Massachusetts 02465
Health Center Phone: 617.630.2306 ■ Fax: 617.630.2308
healthcenter@fessenden.org

Dear Parents of New Students,

Please take a moment to download and complete the **New Student** Health Forms. We request that you submit these forms to the Health Center by the end of May, so that we may have all of the necessary information concerning your son on file before he enters school in September.

The Commonwealth of Massachusetts Immunization Law states that each student must have a signed physician's statement listing the date of each immunization **before he enters school**. **Please see the attached immunization requirements for your son's grade level.** The Fessenden School also requires that a current annual physical be submitted to the Health Center each year.

Please remember, the more comprehensive the information you provide the better we will be able to administer the appropriate care required by your son.

As always, please feel free to contact us at any time during the school year to discuss your son's health care. With your help, we look forward to a safe and healthy school year.

Sincerely,
Mary Whalen, RN
Jeanne Bloom, RN



**THE FESSENDEN SCHOOL
HEALTH CENTER
617-630-2306 Fax: 617-630-2308
healthcenter@fessenden.org**

Parents Please List:
Allergies _____

Dietary Restrictions _____

NEW STUDENT HEALTH FORM

A record of a thorough physical examination and health history for each boy is essential for the intelligent care of accidents and sickness while he is at school. Please fill out the following form completely.

Completed forms must be returned to the Health Center by May 31.

Student's name _____ last first middle Birth date _____ Entering grade _____

Home Address _____ number and street city state zip code

Student resides with: Both parents _____ Father _____ Mother _____ Other _____

Parent/Guardian full name _____ Home phone () _____

Address _____ Cell phone () _____

Email _____ Work phone () _____

Fax () _____

Parent/Guardian full name _____ Home phone () _____

Address _____ Cell phone () _____

Email _____ Work phone () _____

Fax () _____

Alternate responsible person (not a parent) to be reached in case of emergency, if parent or guardian is unavailable:

_____ Home phone () _____

Address _____ Cell phone () _____

INSURANCE

All students are required to carry health insurance.

Name and Address of insurance plan: _____

Policy or Group#: _____

Insurance Co. Phone: _____

Subscriber name: _____ Subscriber birth date _____

**AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT AND
FOR RELEASE OF INFORMATION**

Every effort is made to contact and inform the parents or guardian in case of medical emergency, serious injury or surgical illness when immediate intervention is deemed necessary. On isolated occasions the parents or guardians cannot be reached. Accordingly, parents or the guardian are requested to sign the following statement.

We/I hereby give permission to Fessenden School and its officials, in the event of illness or accident to our/my son _____, to secure and furnish medical, dental, or surgical care and treatment for him. We hereby give permission and authorize Fessenden School, its officials, nurses, physicians, surgeons, and dentists retained by the school, to give, administer, and render any treatment or aid, including anesthetics or surgery, as is necessary to protect, preserve, and safeguard our/my son's life and/or health.

DATE _____ SIGNATURE 1) _____

2) _____

HISTORY FORM

This information is strictly for the use of the Health Center in providing necessary health care. This side is to be filled out by parents and/or guardians and reviewed by your physician.

FAMILY HISTORY

	Age	State of Health	Occupation	Age at Death	Cause of Death	Have any of your relatives ever had any of the following?		
						Yes	No	Relationship
Father								
Mother								
Brothers								
Sisters								

PERSONAL HISTORY — ALL QUESTIONS MUST BE ANSWERED. Comment on all “yes” answers in space below or on additional sheet.
 DO YOU HAVE OR HAVE YOU EVER HAD: *Please note in Remarks or Additional Information Section

	Yes	No
Allergy		
drugs		
insects*		
food*		
environmental		
*other		
Measles		
German measles		
Mumps		
Chicken pox		
Malaria		
Gum or tooth trouble		
Sinusitis		
Eye trouble		
Ear, nose, throat trouble		
Surgery		
appendectomy		
tonsillectomy		
hernia repair		
*other		
Worry or nervousness		
Recurrent headaches		
Recurrent colds		
Head injury with unconsciousness		
Hay fever		
Shortness of breath		
Asthma		
Date of last attack		
Hospitalized		
When		
Where		

	Yes	No
Insomnia		
Frequent anxiety		
Frequent depression		
Pain/pressure in chest		
Chronic cough		
Palpitations (heart)		
High or low blood pressure		
Rheumatic fever of heart murmur		
Disease or injury of joints		
“Trick” knee, shoulder, etc.		
Back problems		
Tumor, cancer, cyst		
Stomach or intestinal trouble		
Jaundice		
Recurrent diarrhea		
Rupture, hernia		
Dizziness, fainting		
Weakness, paralysis		
Albumin/sugar in urine, or diabetes		
Frequent urination		
Kidney disease		
Tuberculosis		

*Insect/Food Allergy

Please list specific treatment effective in past. If epi-pen needed, please supply 2 for the Health Center. One will go to the Athletic med kit.

HISTORY FORM (continued)

	Yes	No
Has your child's physical activity been restricted during the past five years? (Give reasons and durations)		
Did the child's mother take stilbesterol during her fetal period?		
Has your child ever had any illness or injury or been hospitalized other than already noted? (Give details)		
Has your child consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years? (Other than routine checkups?)		
Has your child received treatment or counseling for a nervous condition, personality or character disorder, or emotional problem of which the school physician/psychiatrist should be aware to make your child's adjustment easier?		
Has your child ever presented evidence of significant emotional problems of which the school physician/psychiatrist should be aware in order to make your child's adjustment to a new environment easier?		
Has your child presented apparent medical difficulties which may have been diagnosed as psychosomatic in nature (tension headaches, ulcerative colitis, anorexia nervosa, etc.)?		
Has your child ever have been tested or evaluated for suspected "Learning Difficulties"?		

DENTAL/ORTHODONTICS

Will appointments be necessary? _____

Medications _____

Braces Yes _____ No _____

Name/address of dentist/orthodontist:

Phone # _____

Parent's Signature

Date

*Remarks or additional information (use additional sheet if necessary).

Current Medications: _____

*All medications must be in original prescription bottle to be administered by nurse.

*All medications require written parental permission to be administered by nurse.

VISION — Report by Ophthalmologist/Optometrist

It is strongly recommended that each student have a thorough eye exam before coming to school and as recommended by your pediatrician. If students report for contact sports with glasses that do not meet safety standard ANSI Z 87.1, they will not be allowed to participate. Please copy lens prescription below.

Vision O.D. (without glasses) 20/ Prescription for glasses/contact lenses _____
 (with glasses) 20/ _____

O.S. (without glasses) 20/
 (with glasses) 20/ Signature of examiner _____ Date _____

Address _____ Phone () _____

REPORT OF HEALTH EVALUATION — Physician

Please review the student's history and complete or attach printout. THIS STUDENT HAS BEEN ACCEPTED FOR ENROLLMENT. The information supplied will not affect his admission status; it will be used only as a background for providing health care at school and is strictly confidential.

Student's Name _____ Birth date _____

IMMUNIZATION RECORD

Immunization	date	date	date	date	date	date
Diphtheria, Tetanus Pertussis						
Tdap						
Polio						
MMR						
Hepatitis B						
Varicella Vaccine						
Hib						
Meningococcal						
Other						

ALLERGIES

CHICKEN POX NO ___ YES ___ DATE / /

MEDICAL

Height _____ inches Weight _____ lbs.
 Blood pressure _____ Heart Rate _____
 Date PPD _____ Tine _____ Result neg. _____ pos. _____

Students entering kindergarten
 Lead test date _____ result _____

Vision screening	pass	fail
right eye	_____	_____
left eye	_____	_____
stereopsis	_____	_____

Any known injury or condition of ankle, knee, shoulder, hearing or other injury? (Note date, treatment, restrictions)

Current medications: _____

Dietary restrictions: _____

Is this student capable of physical activity and participation in a competitive athletic program? Yes ___ No ___

Examining physician _____

Address _____ Phone () _____

Date _____



2250 Waltham Street ■ West Newton, Massachusetts 02465
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Dear Parents:

The Health Center cannot administer over the counter medications without your written permission. Please check the medications listed below which you approve your son receiving for the problem listed. Please sign this form and return it to the Health Center with your son's completed health form as soon as possible.

	YES	NO
(1) Acetaminophen (Tylenol) for headache, muscle aches and fever	_____	_____
(2) Ibuprofen (Motrin) for muscles aches, headache, fever	_____	_____
(3) Benadryl for allergy-related symptoms	_____	_____
(4) Robitussin cough syrup for cough	_____	_____
(5) CalaGel for poison ivy	_____	_____
(6) Robitussin throat lozenges for cough and sore throat	_____	_____

Student's Name _____ Entering Grade _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

The Fessenden School Medical Director, Jim Goldston, M.D., will be consulted for illness and accidents. Parents will be alerted of their son's medical needs by the Health Center nurse.

If you have any questions, please feel free to call the Health Center.

Sincerely,
Mary Whalen, RN
Jeanne Bloom, RN



THIS FORM IS FOR NEW RESIDENTIAL STUDENTS

Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Revised legislation in Massachusetts now requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
 2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.
-

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called "terminal complement component deficiency" are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older and meningococcal conjugate vaccine is approved for use in those 2-55 years of age. Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in either vaccine. Protection with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

(See reverse side)

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women.

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided elected to decline the vaccine.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and <http://www.mass.gov/epi>
- Your local health department (listed in the phone book under government)

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

- After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____
(Student or parent/legal guardian, if student is under 18 years of age)

Massachusetts School Immunization Requirements for School Year 2011 - 2012*

	Child Care/Preschool ¹	Kindergarten	Grades 1-6	Grades 7-12	College ²
Hepatitis B³	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and full-time undergraduate and graduate students
DTaP/DTP/DT/Td/Tdap⁴	≥4 doses DTaP/DTP	5 doses DTaP/DTP	≥4 doses DTaP/DTP or ≥ 3 doses Td	4 doses DTaP/DTP or ≥3 doses Td; plus 1 dose Tdap (See Phase-In Schedule)	1 dose Tdap (See Phase-In Schedule)
Polio⁵	≥3 doses	4 doses	≥3 doses	≥3 doses	NA
Hib⁶	1 to 4 doses ⁶	NA	NA	NA	NA
MMR⁷	1 dose	2 doses	2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	2 doses (See Phase-In Schedule)	2 doses (See Phase-In Schedule)
Varicella⁸	1 dose	2 doses	1 dose (See Phase-In Schedule)	2 doses (See Phase-In Schedule)	2 doses (See Phase-In Schedule)
Meningococcal^{9,10}	NA	NA	NA ¹⁰	1 dose for new full-time residential students ⁹	1 dose for full-time residential students ⁹

*These requirements also apply to all new “enterers.” NA = no vaccine requirement for the grades indicated.

¹**Child Care/Preschool:** Minimum requirements by 24 months; immunize younger children according to their age.

²**College:** Requirements apply to: 1) all full-time undergraduate and graduate students; 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

³**Hepatitis B:** 3 doses required for child care attendance and preschool entry, kindergarten-12th grade, and college (see footnote 2 above). Laboratory proof of immunity is acceptable.

⁴**DTaP/DTP/DT/Td/Tdap:** ≥4 doses required for child care attendance and preschool entry; 5 doses of DTaP/DTP required for school entry unless the 4th dose is given ≥ the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DTP. **One dose of Tdap is required for all students entering grade 7, full-time college freshmen and all health science students.** If it has been <5 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine. See Phase-In Schedule below.

⁵**Polio:** ≥3 doses required for child care attendance and entry into preschool. 4 doses required for school entry, unless the 3rd dose is given on or after the 4th birthday, and ≥ 6 months following the previous dose, in which case only 3 doses are needed. Administer the final dose in the series on or after the 4th birthday and ≥ 6 months following the previous dose. If 4 doses are administered before age 4 years, a 5th dose is recommended at age 4 - 6 years.

⁶**Hib:** Required for child care attendance and preschool entry. The number of doses is determined by vaccine product and age the series begins.

⁷**MMR:** 1 dose of MMR is required for child care attendance and preschool entry; **2 doses are required for kindergarten, grade 7, college freshmen and all health science students.** Laboratory proof of immunity is acceptable. **For college students, except health science students, birth before 1957 in the U.S. is also acceptable.** See Phase-In Schedule below.

⁸**Varicella:** 1 dose required for child care attendance and preschool entry; **2 doses required for kindergarten, grade 7, and college freshmen and all health science students, unless they have a reliable history of chickenpox.** A reliable history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee; or 2) laboratory proof of immunity. **Birth before 1980 in U.S. is acceptable for college students, except health science students.** See Phase-In Schedule below.

⁹**Meningococcal:** 1 dose MCV4, or a dose of MPSV4 in the last 5 years, is required for 1) newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students ≥ 13 years) who will live in a dormitory or comparable congregate living arrangement approved by the secondary school; and 2) newly enrolled full-time undergraduate and graduate students in a degree program at a postsecondary institution (e.g., college) who will live in a dormitory or comparable congregate living arrangement approved by the institution.

Students may decline the vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. These requirements apply to newly-enrolled full-time residential students, regardless of grade and year of study.

¹⁰**At residential schools with lower grades:** The requirements apply to residential students in grades pre-K through 8 only if the school combines these grades in the same school with students in grades 9-12.

Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2011 - 2017

	2011	2012	2013	2014	2015	2016	2017
2 MMR and 2 Varicella	K and Grade 7 College: full-time freshmen; all health science	K-1 and 7-8 College: full-time freshmen-sophomores; all health science	K-2 and 7-9 College: full-time freshmen-juniors; all health science	K-3 and 7-10 College: full-time freshmen-seniors; all health science	K-4 and 7-11 College: full-time freshmen-graduates; all health science	K-5 and 7-12 College: full-time freshmen-graduates; all health science	K-12 College: full-time freshmen-graduates; all health science
Tdap	Grade 7 College: full-time freshmen; all health science	Grades 7-8 College: full-time freshmen-sophomores; all health science	Grades 7-9 College: full-time freshmen-juniors; all health science	Grades 7-10 College: full-time freshmen-seniors; all health science	Grades 7-11 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science

**Fall 2011 Additional Immunization requirements for
students
entering Kindergarten**

**Massachusetts Department of Public Health
Immunization Program**

- **5 doses DTaP/DTP vaccine**
- **4 doses of polio vaccine**
- **2 doses of MMR vaccine**
- **3 doses of hepatitis B vaccine**
- **2 doses of varicella vaccine or a physician-certified reliable history of chickenpox disease**

**Fall 2011 Additional Immunization Requirements
for
students entering 7th grade**

**Massachusetts Department of Public Health
Immunization Program**

- **2 doses of MMR vaccine**
- **2 doses of varicella vaccine or physician-certified reliable history of chickenpox disease**
- **1 dose of Tdap (if it has been greater than or equal to 5 years since the last dose of DTaP, DT or Td was given).**



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HEALTH CENTER PROTOCOL

DAY STUDENTS:

Accidents: Emergency first aid will be given. The parents/guardians will be notified and arrange for the student to receive further medical treatment with his own physician.

Illness: If the student is unable to continue school activities, the parents/guardians will be notified. They will arrange to pick him up as soon as possible. Supportive treatment will be provided in the Health Center until the parent/guardian arrives. If the parents/guardians cannot be located, the 7-day boarder protocol will be followed.

FIVE-DAY BOARDERS:

Accidents: Emergency first aid will be given. The parents/guardians will be notified. *Those living close by are to arrange for further treatment with the student's own physician.*

Illness: If the student is unable to continue school activities, the parents/guardians will be notified. The student will be taken home and placed under the care of his own physician. If the parents/guardians cannot be located, the 7-day boarder protocol will be followed.

SEVEN-DAY BOARDERS:

Accidents: Emergency first aid will be given. The School M.D. will be notified and further care will be administered according to his direction. The parents/guardians will be notified as soon as possible and, if the student lives close by, he will go home and be cared for by his own physician.

Illness: If the student is unable to continue school activities, he will be admitted to the Health Center and placed under the School M.D.'s care. If, however, the student lives nearby, he will then be taken home and placed under the care of his own physician.

MEDICATION

- All prescription medication must be in the prescription bottle with the correct dosage and times listed.
- All medication must be delivered by an adult to the Health Center.
- No medication will be accepted from students.
- A note from a parent or guardian will be required before medication can be administered.
- Some medications may require that more specific information be supplied.
- All medication is administered from the Health Center.
- No medication may be kept in the dorm.

Educating boys for more than 100 years