



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

Dear Parents of Returning Students,

Please take a moment to download and complete the **Returning Student Health Forms** for next year. Health forms should be submitted to the Health Center **with a copy of your son's annual physical** 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.

**Please check the immunization requirements for your son's grade .**

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

If you have any questions concerning this Health Form please call the Health Center at 617-630-2306.

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, R.N.  
Jeanne Bloom, R.N.



**THE FESSENDEN SCHOOL  
HEALTH CENTER**

**617-630-2306 Fax:617-630-2308**

**healthcenter@fessenden.org**

Parents Please List:
Allergies _____
_____
Dietary Restrictions _____
_____

**RETURNING STUDENT HEALTH FORM**

A record of a thorough physical examination and health history for each boy is absolutely essential for the intelligent care of accidents and sickness while he is at school.

**Please attach a copy of the student's annual physical exam and immunizations.**

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

Entering grade \_\_\_\_\_

Student's name \_\_\_\_\_ last first middle Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ number and street city state zip code

Student resides with: \_\_\_\_\_

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 is unavailable:

\_\_\_\_\_ Address \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_

**INSURANCE**

All students are required to carry health insurance.

Name and address of insurance plan: \_\_\_\_\_

Policy or Group#: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_ Certificate No. \_\_\_\_\_

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 and 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) \_\_\_\_\_

## INTERVAL HEALTH HISTORY for RETURNING STUDENTS

**Please attach a report of the student's annual physical exam and immunizations.**

Student's name \_\_\_\_\_ Age \_\_\_\_\_

1. Has your child been ill or injured while away from school at any time during this past year? If so, please give particulars. Include name, address, and telephone number of physician.
2. Any physical activity restrictions for athletics? Please include a doctor's note.
3. Date of last eye examination. Have glasses been prescribed? Please state times when glasses should be worn. Does student have a second pair?
4. Current medications:

Additional Comments:

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
date



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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

**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).**

## Massachusetts School Immunization Requirements for School Year 2011 - 2012\*

	Child Care/Preschool <sup>1</sup>	Kindergarten	Grades 1-6	Grades 7-12	College <sup>2</sup>
<b>Hepatitis B<sup>3</sup></b>	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and full-time undergraduate and graduate students
<b>DTaP/DTP/DT/Td/Tdap<sup>4</sup></b>	≥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)
<b>Polio<sup>5</sup></b>	≥3 doses	4 doses	≥3 doses	≥3 doses	NA
<b>Hib<sup>6</sup></b>	1 to 4 doses <sup>6</sup>	NA	NA	NA	NA
<b>MMR<sup>7</sup></b>	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)
<b>Varicella<sup>8</sup></b>	1 dose	2 doses	1 dose (See Phase-In Schedule)	2 doses (See Phase-In Schedule)	2 doses (See Phase-In Schedule)
<b>Meningococcal<sup>9,10</sup></b>	NA	NA	NA <sup>10</sup>	1 dose for new full-time residential students <sup>9</sup>	1 dose for full-time residential students <sup>9</sup>

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

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

<sup>2</sup>**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.

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

<sup>4</sup>**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.

<sup>5</sup>**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.

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

<sup>7</sup>**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.

<sup>8</sup>**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.

<sup>9</sup>**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.

<sup>10</sup>**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
<b>2 MMR and 2 Varicella</b>	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
<b>Tdap</b>	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



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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*