



SANT BANI SCHOOL
19 Ashram Road, Sanbornton, NH 03269
www.santbani.org

Kent Bicknell, Ed.D.
Principal

Tel. (603) 934-4240
Fax (603) 934-2970

May 9, 2011

Dear Parents,

It is the policy of the Sant Bani School that all students entering grades K, 4, 7, 9, and 11 as well as any student who competes on a sporting team will have a physical performed by a physician prior to the start of the school year. Appointments fill up quickly, so please take the time to schedule an appointment now. The forms for "Student Physical by Doctor" and "Student Information, Health & Emergency Form" are available on line on the school website. These forms are due back to my office no later than August 1, 2011. Students who are not up to date will not be allowed to attend school, or school events until all forms are current.

If you have any questions please do not hesitate to call.

Thank you for your prompt attention to this matter,

Linda Surowiec
Health Services Director
Sant Bani School
19 Ashram Rd
Sanbornton, NH 03269
603-934-4240 school office
603-387-2377 cell
603-934-2970 fax

DATED: May 9, 2011

re: summer mailing

TO: Parents of all Sant Bani School Students

FROM: Linda Surowiec, Health Services Coordinator

We've found it helpful to send out a reminder that the "summer mailing" is on line at santbani.org. You will find forms that must be returned to the school as well as information for you. Please complete one form for each student. *All forms must be completed and returned to school by August 1st, 2011.* Please call the office if you do not have Internet /or need a packet mailed to you for any reason. New families receive a paper mailing.

A review of the school's medical and health history requirement follows:

I Physical Exams:

1. A physical examination and record of immunizations is **required of all new students**.
2. Regular check-ups are encouraged throughout a child's school years and reports of medical exams are **required of students entering the fourth, seventh, ninth and eleventh grades**. (Exceptions may be made for those students who have record of a physical exam on file that is not more than two years old. This means if your child entered the school last fall in the third grade, s/he will not need another exam this year as s/he begins fourth grade.)
3. **SPORTS REQUIREMENT: All students participating on athletic teams must submit an updated medical history and report of physical examination every year.** If an appointment with your doctor cannot be scheduled by the August 1st deadline, I need a written note stating when the appointment is scheduled and must receive the physical form within 5 days of the appointment.
4. We need a completed **HEALTH INFORMATION FORM** for all children enrolled in the school. We ask that parents complete the form each year to officially bring us up-to-date on changes in the student's medical history.
5. We appreciate you keeping the school advised of significant changes in your child's health. When accidents occur it's hard to miss the child who arrives in a cast and needs help getting to class or carrying his/her books while maneuvering with crutches. The child who is taking new medication, or a different dosage, is not as obvious to the teacher outwardly, but his/her changes in behavior could be better understood if the teacher was aware of the situation. This form is a good opportunity for this updating. This information is handled confidentially. Please mail your health forms to my attention at the school address.

II Immunizations:

1. The **state requires** that each child have completed a series of immunizations against DPT, polio, measles, mumps and rubella, hepatitis B and varicella.
2. The **law permits exemption** from immunization for medical reasons or because of religious convictions. Please feel free to contact me for further information.

FORMS MUST BE RETURNED TO THE SCHOOL BY Monday, August 1st, 2011

All forms must be completed, or students may be held back from trips or classes.



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**



Nicholas A. Toumpas
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4482 1-800-852-3345 Ext. 4482
Fax: 603-271-3850 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Jose' Thier Montero
Director

New Hampshire School Immunization Requirements 2011/2012

- Children must have proof of all required immunizations, or valid exemptions, in order to attend the first day of school. Documentation of immunity by confirming laboratory test results is acceptable.
- A child may be enrolled under conditional enrollment when the parent or guardian provides: (1) Documentation of at least one dose for each required vaccine; and (2) The appointment date for the next due dose of required vaccine. (He-P 300.13)
http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information. All vaccine immunizations must meet minimum intervals and age requirements for that vaccine; a 4-day grace period is acceptable.

Medical and religious exemption information is available at:

<http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

Varicella	K-2 nd 2 Doses ¹	3 rd Grade 2 Doses ²	4 th – 5 th Grade 1 Dose ²	6 th – 8 th Grade 2 Doses ²	9 th – 12 th Grade 1 Dose ²
DTaP DT/DTP Td/Tdap	6 years and under: 4 or 5 doses, with the last dose given on or after the 4 th birthday. 7 years and older: 3 or 4 doses, with the last dose given on or after the 4 th birthday. 11 years and older: a one time dose of Tdap when more than 5 years have passed since the last tetanus toxoid containing vaccine; ³ then boost with Td every 10 years. If a child turns 11 on or after the first day of school, they are required to have Tdap prior to first day of the next school year.				
Polio	Grades K-12: 3 doses, with the last dose given on or after the 4 th birthday. ⁴ Or 4 doses regardless of age at administration. ^{4,5}				
MMR	Grades K-12: 2 doses required, at least one on or after the first birthday				
Hepatitis B	Grades K-12: 3 Doses at acceptable intervals				

¹ Varicella vaccination or laboratory diagnosis of chicken pox disease required.

² Varicella vaccination or history of chicken pox disease.

³ If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td) vaccine.

⁴ If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd dose was administered after the 4th birthday.

⁵ Beginning 2012/2013 school year, incoming Kindergarteners will require the last two doses of polio vaccine to be separated by 6 months, and 1 dose after age 4 years.

New Hampshire School Immunization Requirements 2011/2012

Minimum Age & Interval for Valid Vaccine Doses				
Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B HepB	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	Minimum age for Dose 3 is ≥ 24 weeks.
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Diphtheria, Tetanus, and Pertussis DTAP/DT	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
	DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP – Dose 3	14 weeks	6 months between Dose 3 & 4	
	DTaP – Dose 4	1 year	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-----	
Polio IPV	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	If Dose 3 is given $\geq 4^{\text{th}}$ birthday, only 3 doses are required (if an all OPV or all IPV schedule) Advisory Committee on Immunization Practices (ACIP) recommends that the final dose in the IPV series should be administered at 4 years of age or older, regardless of the number of previous doses, and that the minimum interval between dose 3 and dose 4 be extended from 4 weeks to 6 months. This is not required for the 2011/2012 school year but will be required for incoming Kindergarteners for the 2012/2013 school year.
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	4 weeks to 6 months between Dose 3 & 4	
Measles, Mumps, and Rubella MMR	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	If MMR, VAR, and nasal influenza vaccine are not given on the same day, they must be separated by at least 28 days.
	MMR – Dose 2	13 months	-----	
Varicella (chickenpox) VAR	VAR – Dose 1	12 months	3 months between Dose 1 & 2	If MMR, VAR, and nasal influenza vaccine are not given on the same day, they must be separated by at least 28 days. If Dose 2 was given ≥ 28 days after Dose 1, it is valid. If first dose administered \geq age 13 years, two doses separated by a minimum interval of 4 weeks.
	VAR – Dose 2	15 months	-----	
Tetanus, Diphtheria, and Pertussis	Tdap – Dose 1	10 years		If a child turns 11 during the school year they are required to have Tdap by the first day of the next school year.

Immunization Requirements Preschool Students 3-5 Years Old

Please refer to the Immunization Requirements School Year 2011/2012
for acceptable intervals and age requirements

DTaP/DTP/DT

3-5 years	<ul style="list-style-type: none"> ☀ Four doses - the third and fourth dose should be separated by at least 6 months.
-----------	--

POLIO

3-5 years	<ul style="list-style-type: none"> ☀ Three doses
-----------	---

MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	<ul style="list-style-type: none"> ☀ One dose on or after age 12 months.
-----------	---

HAEMOPHILUS INFLUENZAE TYPE B (HIB)

3-5 years	<ul style="list-style-type: none"> ☀ One dose after 15 months of age or ☀ Four dose series with the last dose being administered at ≥ 12 months of age. ☀ If the products PedVax HIB or Comvax have been used, 3 doses with one after 12 months of age is acceptable. ☀ HIB is not required for children ≥ 5 years of age.
-----------	---

HEPATITIS B VACCINE

3-5 years	<ul style="list-style-type: none"> ☀ Three doses given at acceptable intervals.
-----------	--

VARICELLA (CHICKEN POX) VACCINE

3-5 years	<ul style="list-style-type: none"> ☀ One dose administered on or after age 12 months. ☀ Documentation of immunity by confirming laboratory test results is required for incoming kindergarten students if child has not received varicella vaccine. *Report new suspected cases of varicella to: DHHS, Communicable Disease @271-4496.
-----------	--

The 4-day grace period for minimum intervals and ages applies to the above requirements.

Brand Names for Vaccines

The following list may be used by school nurses to connect brand names to vaccine types. The products that are crossed out are not provided through the New Hampshire Immunization Program. They are available in other states and countries.

Diphtheria, Tetanus, acellular Pertussis, (DTaP/ DT/DTP):

Infanrix®, Pediarix®, DT, ~~Tetramune®~~, Daptacel®, Pentacel®

Diphtheria, Tetanus, acellular Pertussis and Polio (DTaP-IPV)

Kinrix

Tetanus diphtheria, acellular pertussis (Tdap)

BOOSTRIX® (Manufacturer: GlaxoSmithKline. May 3, 2005: approved for persons 10 through 64 years of age)

ADACEL® (Manufacturer: Sanofi Pasteur. June 10, 2005: approved for persons 11 through 64 years of age)

Haemophilus Influenzae Type B, (HIB):

ActHIB®, PedvaxHIB®, ~~COMVAX®~~, Pentacel®, Hiberix®

Hepatitis B (HepB):

ENGERIX B®, Pediarix®, RECOMBIVAX®, ~~or COMVAX®~~

Measles, Mumps, Rubella, (MMR):

MMRII

Measles, Mumps, Rubella and Varicella

ProQuad®

Polio, (IPV/OPV):

IPOL or Pediarix®, Pentacel®

Varicella (Chicken Pox, VAR):

Varivax®