BUXTON SCHOOL

est. 1928

Phone: 413-458-3919 Fax: 413-961-5058
291 South Street
Williamstown, MA 01267

We require:

- Yearly physical examination & health history
- Complete immunization history per Massachusetts state law
- If a student does not have all required immunizations, parents must submit a vaccination waiver
- If applicable, up-to-date prescription medication regimen

Please return completed documents to Buxton School via mail, fax, or email (paperwork@buxtonschool.org), Attn: Nurse's Office by August 15th, 2024 or as soon as possible afterwards.

HEALTH HISTORY & PHYSICAL EXAMINATION FORM

To be completed by a licensed medical practitioner not related to the student.

Student Last Name, First Name:_____

Date of Birth (month/day/year):_____

Health History - Check any of the following medical conditions the student has had or is being treated for currently:

ADD/ADHD	Chronic headaches	Hepatitis	Shortness of breath
Allergies	Concussion	Hernia	Stomach pains
Anemia	Depression	High blood pressure	Seizures
Anxiety	Diabetes	Irregular heartbeat	Weight change (recent)
Asthma	Dizziness/fainting	Loss of eyesight	Weakness
Chest Pain	Eating problems	Menstrual cramps	Other
Chicken pox	Hearing loss	Mono	
Chronic cough	Heart murmur	Rheumatic fever	

List allergies to medications: _____

List other allergies: _____

List surgeries with dates: _____

List hospitalizations with dates:_____

Other significant medical conditions:_____

If any interruption of scholastic career, please state conditions:_____

Is this student at increased risk for COVID-19? _____

_____

Immunizations: Please provide the date of each required immunization below, and attach information on other vaccinations.

REQUIRED

DTap vaccine series					
1	2	3	4	5	
Polio vaccine – 4 doses				**Tdap vaccine – 1 dose**	
1	2	3	4	1	
Hepatitis B vaccine– 3 doses			**Varicella vaccine – 2 doses**		
1	2	3	1	2	
Meningococcal vaccine – 1 or 2 doses		**MMR vaccine – 2 doses**		**COVID vaccine – 1 or 2 doses**	
1	2	1	2	1.	2.

RECOMMENDED/ENCOURAGED

Influenza vaccine - current		
1.		

Do you envision any need to make provisions and/or limitations in the student's pursuit of a vigorous academic, extra-curricular, and/or sports/travel program? Yes____ No___ If yes, please describe: _____

_____

Student Student's ImPACT score (concussion assessment)_____

Physician signature **X**_____Date_____

Physician name (please print) _____ Phone_____

PRESCRIPTION MEDICATION & ORDER PERMISSION FORM

Prescription medication can only be given to students once we receive this form completed and signed by the prescribing physician. The medication must be in its original container labeled by the pharmacy as prescribed by the physician. All regularly scheduled medications must be listed here so that, in the event of an emergency, the treating physician is aware of all medications. Please fill out instructions for each medication. **Buxton School requires a new form to be submitted each time a medication changes.**

Student Last Name, First Name:_____

Date of Birth (month/day/year):_____

Medications/Dosage	Frequency/Directions	Reason for Taking

At Buxton School, all prescription medication is handed out daily from the nurse's office – and it is a student's responsibility to collect their medication at the prescribed times. It is my professional opinion that this student is capable of taking their medication as prescribed.

Physician name (print please): _____

Physician signature: **X**_____ Date:_____

Phone:_____ Email:_____

Massachusetts School Immunization Requirements 2024-2025[§]

Requirements apply to all students, including individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students in every grade, even if they are over 18 years of age.

Grades 7–12[†]

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	**1 dose;** and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥7 years may be counted, but a dose at age 11–12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥10 years since last Tdap
Polio	**4 doses;** fourth dose must be given on or after the 4th birthday and ≥6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4th birthday and ≥6 months after the previous dose
Hepatitis B	**3 doses;** laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	**2 doses;** first dose must be given on or after the 1st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	**2 doses;** first dose must be given on or after the 1st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Meningococcal Requirements

Grade 7–10	**1 dose**; 1 dose MenACWY (formerly MCV4) required; Meningococcal B vaccine is not required and does not meet this requirement
Grade 11–12[‡]	**2 doses**; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose; 1 dose is acceptable if it was given on or after the 16th birthday; Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.
† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year, and religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year.
***** A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee.
‡ Students who are 15 years old in Grade 11 are in compliance until they turn 16 years old.