

Camden Hills Regional High School
NEW STUDENT HEALTH CHECKLIST

___ **Annual Health History Form**

___ **Physical Exam Form**

___ **Asthma Action Plan** *(if the student has asthma)*

___ **Food Allergy Action Plan** *(if food allergy/anaphylaxis allergy)*

___ **Immunization Record (refer to form for requirements)**

If immunization records do not meet Maine State standards, please include as needed:

___ **Immunization Exemption Form**

___ **Other:** medical exemption from doctor, blood titer test

___ **Medication Administration Form** *(if prescription meds are given at school)*

Questions or concerns, please contact

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