



6451 Center Street  
Mentor, OH 44060

## OHIO COMPULSORY IMMUNIZATION LAW

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

The OHIO STATE IMMUNIZATION LAW requires that each child entering school must have received or be in the process of receiving immunization against:

1. Diphtheria, Pertussis, Tetanus, DPT (4 doses or 5 doses required if 4<sup>th</sup> dose given before 4<sup>th</sup> birthday)
2. Poliomyelitis (a minimum of 3 doses. The final dose must be given after the 4<sup>th</sup> birthday. Example: 4 doses required if 3<sup>rd</sup> dose given before 4<sup>th</sup> birthday; 4 doses required if a combination of OPV and IPV have been given and for children who entered Kindergarten after 2010)
3. MMR (1<sup>st</sup> vaccine required after 1<sup>st</sup> birthday, 2<sup>nd</sup> vaccine required at least 28 days after the 1<sup>st</sup>)
4. Hepatitis B Vaccine series (3 doses required)
5. Varicella/Chicken Pox (2 doses required prior to entering kindergarten beginning August, 2010. If not given on the same day as the MMR, it must be separated by at least 28 days from when MMR given)
6. Tdap (Tetanus, Diphtheria, and Pertussis) or Td (Tetanus and Diphtheria) is a booster requirement for students entering the seventh grade.
7. One (1) dose of meningococcal vaccine must be administered prior to entry of 7<sup>th</sup> grade. Two (2) doses of meningococcal vaccine must be administered prior to entry into twelfth grade.

**\*A physical examination must be obtained within one year prior to the start of school and yearly for preschoolers. Per state law (ORC 3313.671), students who have not met this requirement by the 14<sup>th</sup> day of school can be excluded from school until the requirement is met.**

### STUDENT IMMUNIZATION RECORD

Diphtheria, Whooping Cough, Tetanus (DTaP, DTP, DT)

	Month	Day	Year
1 <sup>st</sup> Vaccine	____/____/____		
2 <sup>nd</sup> Vaccine	____/____/____		
3 <sup>rd</sup> Vaccine	____/____/____		
4 <sup>th</sup> Vaccine	____/____/____		
5 <sup>th</sup> Vaccine	____/____/____		
6 <sup>th</sup> Vaccine (Tdap)	____/____/____		

Poliomyelitis (OPV,IPV)

	Month	Day	Year
1 <sup>st</sup> Vaccine	____/____/____		
2 <sup>nd</sup> Vaccine	____/____/____		
3 <sup>rd</sup> Vaccine	____/____/____		
4 <sup>th</sup> Vaccine	____/____/____		

Hepatitis B Vaccine Series

1 <sup>st</sup> Vaccine	____/____/____
2 <sup>nd</sup> Vaccine	____/____/____
3 <sup>rd</sup> Vaccine	____/____/____
4 <sup>th</sup> Vaccine	____/____/____

HIB Vaccine

1 <sup>st</sup> Vaccine	____/____/____
2 <sup>nd</sup> Vaccine	____/____/____
3 <sup>rd</sup> Vaccine	____/____/____
4 <sup>th</sup> Vaccine	____/____/____

Measles, Mumps, Rubella (MMR)

1 <sup>st</sup> Vaccine	____/____/____
2 <sup>nd</sup> Vaccine	____/____/____

TB Test (Optional)

Results: Negative \_\_\_\_\_  
Positive \_\_\_\_\_

Type: \_\_\_\_\_

Varicella (Chicken Pox) Vaccine

1 <sup>st</sup> Vaccine	____/____/____
2 <sup>nd</sup> Vaccine	____/____/____
Chickenpox Disease	____/____/____

Meningococcal Vaccine

1 <sup>st</sup> Vaccine	____/____/____
2 <sup>nd</sup> Vaccine	____/____/____

Requirements may be waived for medical or religious reasons upon receipt of a signed statement from physician or parent/guardian respectively.

\_\_\_\_\_  
Parent or Physician's Signature and Date



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## Immunization Required by State Law

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

The OHIO STATE IMMUNIZATION LAW requires that each child entering school must have received or be in the process of receiving immunization against:

1. Diphtheria, Pertussis, Tetanus, DTaP, DT (4 doses or 5 doses required if 4<sup>th</sup> dose given before 4<sup>th</sup> birthday.)
2. Poliomyelitis (a minimum of 3 doses.) The final dose must be given after the 4<sup>th</sup> birthday regardless of the number of previous doses. (4 doses required if a combination of OPV and IPV have been given and for children who entered Kindergarten after 2010)
3. MMR (1<sup>st</sup> vaccine required after 1<sup>st</sup> birthday, 2<sup>nd</sup> vaccine required at least 28 days after the 1<sup>st</sup> vaccine.)
4. Hepatitis B Vaccine series (3 or 4 doses required) The last dose must be administered after 24 weeks of age.
5. Varicella/Chicken Pox 2 doses required prior to entering kindergarten beginning 2010. (1<sup>st</sup> vaccine required after 1<sup>st</sup> birthday, 2<sup>nd</sup> must be given at least 28 days after the 1<sup>st</sup> dose.) If MMR and Varicella are not given at the same time, the doses must be separated by at least 28 days.
6. Tdap (Tetanus, Diphtheria, and Pertussis) is a booster requirement for students entering seventh grade.
7. Meningococcal vaccine is a requirement for students entering seventh grade. Two (2) doses of meningococcal vaccine must be administered prior to entry into twelfth grade if the first dose was given before the age of sixteen.

\*A physical examination must be obtained within one year prior to the start of school and yearly for preschoolers.  
**YOUR CHILD WILL NOT BE ELIGIBLE TO ATTEND SCHOOL IF THESE REQUIREMENTS ARE NOT MET**

It has been noted that records indicate that health related requirements have not been completed. The following checklist identifies the requirement(s) that must be completed for your child to continue in school:

Diphtheria, Pertussis (Whooping Cough), Tetanus (DTaP, DTP, DT) before 7<sup>th</sup> grade entry (Tdap, Td)  
\_\_\_ 1<sup>st</sup> Vaccine \_\_\_ 2<sup>nd</sup> Vaccine \_\_\_ 3<sup>rd</sup> Vaccine \_\_\_ 4<sup>th</sup> Vaccine \_\_\_ 5<sup>th</sup> Vaccine (if 4<sup>th</sup> was given prior to 4<sup>th</sup> birthday)  
\_\_\_ Tdap

Poliomyelitis (OPV/IPV)  
\_\_\_ 1<sup>st</sup> Vaccine \_\_\_ 2<sup>nd</sup> Vaccine \_\_\_ 3<sup>rd</sup> Vaccine \_\_\_ 4<sup>th</sup> Vaccine (if 3<sup>rd</sup> was given before 4<sup>th</sup> birthday)

Measles, Mumps, Rubella (MMR)  
\_\_\_ 1<sup>st</sup> Vaccine ( on or after the 1<sup>st</sup> birthday) \_\_\_ 2<sup>nd</sup> Vaccine (at least 28 days after the 1<sup>st</sup> dose)

Hepatitis B (HBV)  
\_\_\_ 1<sup>st</sup> Vaccine \_\_\_ 2<sup>nd</sup> Vaccine (at least 28 days after the 1<sup>st</sup> dose) \_\_\_ 3<sup>rd</sup> Vaccine (at least 16 weeks after 1<sup>st</sup> dose and at least 8 weeks after the 2<sup>nd</sup> dose) \_\_\_ 4<sup>th</sup> Vaccine

Varicella (Chicken Pox) (VZV)  
\_\_\_ 1<sup>st</sup> Vaccine \_\_\_ 2<sup>nd</sup> Vaccine (if either dose is not given the same time as MMR must be separated by at least 28 days from when MMR is given)

Meningococcal Vaccine  
\_\_\_ 1<sup>st</sup> Vaccine \_\_\_ 2<sup>nd</sup> Vaccine (1 dose required before 7<sup>th</sup> grade; a booster is required before twelfth grade if first dose is given before the 16<sup>th</sup> birthday)  
\_\_\_ Physical Examination completed and form signed by Physician

School Nurse \_\_\_\_\_

Date: \_\_\_\_\_

Requirements may be waived for medical or religious reasons upon receipt of a signed statement from physician or parent/guardian respectively. When possible, please attach a copy of physician vaccine record. See your child's School Nurse with any questions.

## CONFIRMATION OF MENINGOCOCCAL VACCINATION

Dear Parents of Eleventh and Twelfth Grade Students:

The Ohio Department of Health (ODH) has revised its immunization requirements for students entering 12<sup>th</sup> grade.

***The change is the addition of a Meningococcal vaccine requirement for students entering 12<sup>th</sup> grade.***

**Two (2) doses of meningococcal vaccine must be administered prior to entry into twelfth grade if the first dose was given before the age of sixteen.**

**\*A full copy of the student's current vaccination record is preferred.**

Requirements may be waived when a student presents a written statement from his/her parent or guardian in which the parent or guardian objects to the immunization for a good cause, including religious convictions.

***Per state law (ORC 3313.671), twelfth grade students who have not met this requirement by the 14<sup>th</sup> day of school can be excluded from school until the requirement is met.***

Questions regarding this requirement should be directed to your child's School Nurse (440-974-5340) or to the Student Services Department at (440-974-5246.)

***PLEASE SUBMIT A FULL COPY OF CURRENT VACCINATION RECORD OR FILL OUT THE BOTTOM PART OF THIS FORM, HAVE IT SIGNED BY HIS OR HER DOCTOR, AND SUBMIT IT TO YOUR HIGH SCHOOL NURSE AT THE BEGINNING OF SCHOOL***

-----  
Received the Meningococcal Vaccination on \_\_\_\_\_ (Date)  
Received the Meningococcal Booster Vaccination on \_\_\_\_\_ (Date)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not obtained from your family doctor, immunizations are available through clinics provided by the Lake County Health District (440) 350-2554.

----- **OR** -----

**Not Receiving the Meningococcal Vaccination:**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**will not** be receiving the Meningococcal Booster Vaccination because it is medically contraindicated. (Physician note required)

Parents who do not want their child to receive the Meningococcal Booster Vaccination because they object to the immunization for good cause, including religious convictions, **must complete a school waiver form and submit it to the school nurse.**

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