



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 4th dose given before 4th birthday)
2. Poliomyelitis (a minimum of 3 doses. The final dose must be given after the 4th birthday. Example: 4 doses required if 3rd dose given before 4th birthday; 4 doses required if a combination of OPV and IPV have been given and for children who entered Kindergarten after 2010)
3. MMR (1st vaccine required after 1st birthday, 2nd vaccine required at least 28 days after the 1st)
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 7th 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 14th 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 st Vaccine	____/____/____		
2 nd Vaccine	____/____/____		
3 rd Vaccine	____/____/____		
4 th Vaccine	____/____/____		
5 th Vaccine	____/____/____		
6 th Vaccine (Tdap)	____/____/____		

Poliomyelitis (OPV,IPV)

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

Hepatitis B Vaccine Series

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____
3 rd Vaccine	____/____/____
4 th Vaccine	____/____/____

HIB Vaccine

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____
3 rd Vaccine	____/____/____
4 th Vaccine	____/____/____

Measles, Mumps, Rubella (MMR)

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____

TB Test (Optional)

Results: Negative _____
Positive _____

Type: _____

Varicella (Chicken Pox) Vaccine

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____
Chickenpox Disease	____/____/____

Meningococcal Vaccine

1 st Vaccine	____/____/____
2 nd 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



6451 Center Street
Mentor, OH 44060

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 4th dose given before 4th birthday.)
2. Poliomyelitis (a minimum of 3 doses.) The final dose must be given after the 4th 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 (1st vaccine required after 1st birthday, 2nd vaccine required at least 28 days after the 1st 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. (1st vaccine required after 1st birthday, 2nd must be given at least 28 days after the 1st 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 7th grade entry (Tdap, Td)
___ 1st Vaccine ___ 2nd Vaccine ___ 3rd Vaccine ___ 4th Vaccine ___ 5th Vaccine (if 4th was given prior to 4th birthday)
___ Tdap

Poliomyelitis (OPV/IPV)
___ 1st Vaccine ___ 2nd Vaccine ___ 3rd Vaccine ___ 4th Vaccine (if 3rd was given before 4th birthday)

Measles, Mumps, Rubella (MMR)
___ 1st Vaccine (on or after the 1st birthday) ___ 2nd Vaccine (at least 28 days after the 1st dose)

Hepatitis B (HBV)
___ 1st Vaccine ___ 2nd Vaccine (at least 28 days after the 1st dose) ___ 3rd Vaccine (at least 16 weeks after 1st dose and at least 8 weeks after the 2nd dose) ___ 4th Vaccine

Varicella (Chicken Pox) (VZV)
___ 1st Vaccine ___ 2nd 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
___ 1st Vaccine ___ 2nd Vaccine (1 dose required before 7th grade; a booster is required before twelfth grade if first dose is given before the 16th 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 12th grade.

The change is the addition of a Meningococcal vaccine requirement for students entering 12th 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 14th 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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