



## VACCINES FALL 2022 Immunizations for School Attendance

<b>DTaP/DT Tdap/Td</b> Diphtheria, Tetanus, Pertussis	<p><b>K-12</b> Four or more doses of DTaP or DT, or any combination. If all four doses were given <i>before the fourth birthday</i>, a fifth dose is <i>required</i>. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required.*</p> <p><b>Grades 1-12</b> Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children ages 7 years and older with the first dose being Tdap. Minimum spacing of four weeks between doses 1 and 2, and six months between doses 2 and 3.</p> <p><b>Grade 7</b> One dose of Tdap vaccine must be administered on or after the 10<sup>th</sup> birthday. ** <b>All students in grades 8-12 must have one documented Tdap dose.</b></p>
<b>POLIO</b>	<p><b>K-12</b> Three or more doses of IPV. <i>The FINAL dose must be administered on or after the fourth birthday</i>, regardless of the number of previous doses <b>and there must be six months spacing between doses 2 and 3</b>. If a combination of OPV and IPV was received, four doses of either vaccine are required.</p>
<b>MMR</b> Measles, Mumps, Rubella	<p><b>K-12</b> Two doses of MMR. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.</p>
<b>HEP B</b> Hepatitis B	<p><b>K-12</b> Three doses of hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.</p>
<b>VARICELLA</b> (Chickenpox)	<p><b>K-12</b> Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p>
<b>MCV4</b> Meningococcal	<p><b>Grade 7</b> One dose of meningococcal (serogroup A, C, W, and Y) vaccine <u>must be administered prior to seventh grade entry</u>. <b>All students grades 8-11 must have one documented dose of MCV4.</b></p> <p><b>Grade 12</b> Two doses of MCV4 by age 16 years, with a minimum interval of eight weeks between doses. If the first dose was given on or after the 16<sup>th</sup> birthday, only one dose is required. ****</p>

- NOTES:**
- Vaccine should be administered according to the most recent version of the *Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger* or the *Catch-up immunization schedule for persons aged 4 months-18 years who start late or who are more than 1 month behind*, as published by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Schedules are available for print or download through [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).
  - Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when age appropriate. If MMR and varicella are **not** given on the same day, the doses must be separated by at least 28 days with no grace period.
  - For additional information, please refer to the [Ohio Revised Code 3313.67](#) and [3313.671](#) for school attendance and the [ODH Director's Journal Entry](#) on required vaccines for child care and school. These documents list required and recommended immunizations and indicate exemptions to immunizations.
  - **Please contact the Ohio Department of Health Immunization Program at 800-282-0546 or 614-466-4643 with questions or concerns.**

\* Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses. If a fifth dose is administered prior to the fourth birthday, a sixth dose is recommended but not required.

\*\* Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. Children age 7 years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If the series began at age 7-9 years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.

\*\*\* The final polio dose in the IPV series must be administered at age 4 years or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight weeks between the first and second doses. If the first dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years old or younger, only one dose is required. Currently, there are no school entry requirements for meningococcal B vaccine.

Take this to your physician  
**SCHOOL ENTRANCE MEDICAL RECORD**

Name of Child \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Month/Day/Year

City/State/Zip \_\_\_\_\_

**EXAMINATION** - Date \_\_\_\_\_

BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes \_\_\_\_\_ Vision: R. 20/ \_\_\_\_\_ L. 20/ \_\_\_\_\_

Ears \_\_\_\_\_ Hearing Test: Type \_\_\_\_\_ R. \_\_\_\_\_ L. \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_ Mouth \_\_\_\_\_

Teeth \_\_\_\_\_ Is dental work indicated?  Yes  No If so, are plans being made?  Yes  No

Posture \_\_\_\_\_ General Condition \_\_\_\_\_

Skin \_\_\_\_\_ Orthopedic \_\_\_\_\_

Neck \_\_\_\_\_ Nervous System \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

Genitalia \_\_\_\_\_ Urinalysis \_\_\_\_\_

Allergies \_\_\_\_\_

Remarks/Recommendations: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Type** **IMMUNIZATIONS** - Month/Day/Year (shaded areas required for school entry)

MMR					
POLIO - 4th dose required if 3rd dose given before age 4					
Hepatitis B					
DTaP, DPT, or DT - 5th dose required if 4th dose given before age 4					
DT/Id					
Varicella					
HIB					
Tuberculin Test					
Rotavirus					
Other					

If this child has any allergies, physical, developmental or behavioral problems, how can the school assist with special programs, placement, or attention?

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**PHYSICIAN'S ASSESSMENT**

Problem list

Recommendations for school management

1.

1.

2.

2.

3.

3.

**PLEASE PRINT OR STAMP**

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

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Date Signed \_\_\_\_\_

## LETTER TO PARENTS REQUIRED IMMUNIZATIONS

**TO:** Parents of Children Entering Preschool  
**FROM:** School Health Clinic  
**DATE:** \_\_\_\_\_  
**SUBJECT:** Immunizations

Effective March 19, 2015 Ohio Law Section 5104.014 of the Ohio Revised Code was changed and now requires that all Day Care/Preschool age children are to be immunized according to the *Recommended Immunizations for Children from Birth Through 6 Years Old* from the Advisory Committee on Immunization Practice (ACIP). In order to attend Preschool, your child is required to have received the following immunizations:

- Four (4) doses of DTaP, DTP of DT or any combination (Diphtheria, Tetanus, Pertussis).
- Three (3) doses of OPV or IPV (Polio) or any combination of OPV or IPV.
- Three (3) doses of Hepatitis B vaccine;. The second dose must be given at least 28 days after the first dose, and the third dose at least 8 weeks after the second dose and at least 16 weeks after the first dose. The last dose in the series (3<sup>rd</sup> or 4<sup>th</sup>) must not be administered before 24 weeks of age.
- One (1) dose of MMR [Measles (Rubeola), Mumps, and Rubella (German Measles)] is required. The first dose must have been received on or after the 1st birthday.
- Three (3) or Four (4) doses of HIB depending on the vaccine and the age when started. One (1) dose if given at or after 15 months of age.
- One (1) dose of Varicella (Chicken Pox) is required. The first dose must have been received on or after the first birthday.

**The following Immunizations are Required beginning the 2015-16 School Year:**

- Two (2) doses of Hepatitis A vaccine are required. The first dose of Hep A vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months after the first dose. Hep A vaccination may be given to any child aged 2 years and older who has not already received the Hep A vaccine separated by 6 to 16 months.
- Three (3) or Four (4) doses of Prevnar (PCV) depending on the vaccine and the age when started. One (1) dose if given after 24 months of age.
- Annual Influenza vaccine.

According to Section 3313.671, on the 15th day after school entrance it will be necessary to exclude all students from school who do not meet the above requirements. The school district or individual school administration determines if the exclusion rule will be enforced.

The State of Ohio regulations for Preschool require that all children must have an **annual** physical examination in order to attend Preschool. A copy of the child's immunization record should accompany the medical statement/physical. *The medical statement shall include a component where a parent or guardian may indicate that the parent or guardian has declined to have the child immunized or they may submit an immunization exemption form indicating which immunizations they have declined.* \*

Since the school's nurse is required to check the records of all new entrants for compliance with immunization and physical examination requirements, please return it to the School Clinic by the first day of school.

If you have any questions, please contact the Clinic directly or the building principal.

\*NOTE: Exceptions are provided for under the law. This can be discussed with the school's nurse.

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )		Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code ( <i>please note any exceptions below</i> ).		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

**Exceptions to Immunization requirements pursuant to 5104.014 ORC** (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.	
Signature of Parent	Date of Signature

<b>Optional Recommended Assessments/Screenings</b>			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
<b>Measurements</b>		<b>Notes</b>	
Height			
Weight			
BMI			