



Ohio Department of Health School and Adolescent Health Immunization Report

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| Student's Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth / / |
|----------------|--|----------------------|

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671). A copy of the child's immunization record may be attached or dates may be entered below. Please note the month, day and year for each immunization should be on record.

| Vaccine | Record complete dates (month, day, year) of vaccine doses given |
|--|---|
| Diphtheria, Tetanus, Pertussis (DTap,DT, Tdap, Td) | |
| Polio | |
| Hepatitis B (HBV) | |
| Measles, Mumps, Rubella (MMR) | |
| Varicella (Chicken pox) | |
| Hepatitis A | |
| Meningococcal (MCV4) | |
| Pneumococcal (PCV) | |
| Measles (Rubeola) only | |
| Rubella only | |
| Mumps only | |
| Haemophilus influenza Type b (Hib) | |
| Influenza | |
| Other | |

This information was provided by Health Care Provider Parent/Guardian Other _____

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|-----------|------------|-------------|
| Signature | Print Name | Date / / |
|-----------|------------|-------------|

Immunization Summary for Child Care, Head Start, Pre-School and School Attendance Ohio (continued)

| VACCINES | IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE-SCHOOL ATTENDANCE |
|--|---|
| DTaP/DT Diphtheria, Tetanus, Pertussis | Four (4) doses of DTaP or DT, or any combination. |
| POLIO | Three (3) doses of OPV or IPV or any combination of OPV or IPV. |
| MMR Measles, Mumps, Rubella | One (1) dose of MMR administered on or after the first birthday. |
| Hib Haemophilus Influenzae Type b | Three (3) or four (4) doses depending on the vaccine type, the age when the child began the 1 st dose and the last dose must be after 12 months. or One (1) dose if given on or after 15 months of age. |
| HEP B Hepatitis B | Three (3) 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 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks. |
| Varicella (Chickenpox) | 1 dose of Varicella administered on or after the first birthday. |

Notes:

- Vaccine doses are only considered valid if administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as 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 Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Click on "I" and then "Immunization" and then "Required Vaccines for Childcare 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.