



MASON EARLY CHILDHOOD CENTER

2022/2023 IMMUNIZATION CHECKLIST

Mason Early Childhood Center registration is not complete until your child has completed required examinations, immunizations and health screenings.

Pre-K students need:

- A health exam/physical within one year of entering pre-k and yearly while attending pre-k
- Proof of Ohio Department of Health required immunizations. Reference form MCS-227 for vaccine schedule and required spacing of vaccines to ensure immunity.

DPT (Diphtheria, Pertussis, Tetanus)	4 doses
OPV/IPV (Polio vaccine)	3 doses
MMR	1 dose
Varicella	1 dose or proof of disease
Hepatitis B	3 doses
HIB	3-4 doses

- TB Questionnaire: Some types of travel may indicate a need for a TB test.
- Proof of lead screening or waiver from Physician indicating not at risk
- Dental report

Take care of these required health examinations, immunizations and screenings:

- Your child's primary care physician
- The Warren County Health Department: 513.695.1228
- The Little Clinic or Urgent Cares that perform physicals





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Kindergarten students need:

- Health exam or physical for first grade if entering the school system for the first time.
- Proof of Ohio Department of Health required immunizations. Reference form MCS-227 for vaccine schedule and required spacing of vaccines to ensure immunity.

DPT (Diphtheria, Pertussis, Tetanus)	4 doses
OPV/IPV (Polio vaccine)	3 doses
MMR	1 dose
Varicella	1 dose or proof of disease
Hepatitis B	3 doses

- TB Questionnaire: Some types of travel may indicate a need for a TB test.

Take care of these required health examinations, immunizations and screenings:

- Your child's primary care physician
- The Warren County Health Department: 513.695.1228
- The Little Clinic or Urgent Cares that perform physicals





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1st and 2nd grade students need:

- Health exam or physical within one year of starting kindergarten or when entering the school system for the first time.
- Proof of Ohio Department of Health required immunizations. Reference form MCS-227 for vaccine schedule and required spacing of vaccines to ensure immunity.

DPT (Diphtheria, Pertussis, Tetanus)	4 doses
OPV/IPV (Polio vaccine)	3 doses
MMR	2 doses
Varicella	2 doses or proof of disease
Hepatitis B	3 doses

- TB Questionnaire: Some types of travel may indicate a need for a TB test.

Take care of these required health examinations, immunizations and screenings:

- Your child's primary care physician
- The Warren County Health Department: 513.695.1228
- The Little Clinic or Urgent Cares that perform physicals

