



## Athens-Meigs Educational Service Center

21 Birge Drive  
Chauncey, OH 45719  
740-797-0064 / 0070 fax  
[www.athensmeigs.com](http://www.athensmeigs.com)

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Dear Parent,

According to Ohio Department of Education Preschool Licensing Rules, all Preschool Children are required to have a Physical Examination. Ohio Department of Education has developed a Child Health Assessment form which must be completed, dated, and signed by a physician. **All areas of the assessment must be completed before the child can be admitted to a preschool program including:**

- \*Updated Immunizations (required)
- \*Hemoglobin or Hematocrit (required)
- \*Vision and Hearing Screening (required from physician or at preschool screening)
- \*Lead Screening (required)

Again, these are required by the performance standards.

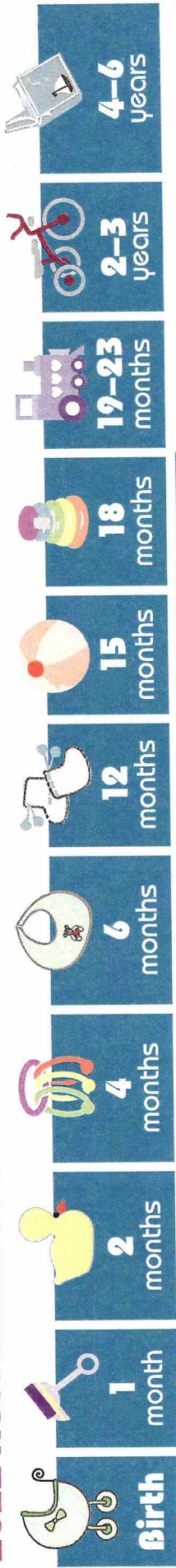
Following the physical, all lab reports must be on file with the Preschool Program. This year we are requesting results of your child's lead and hemoglobin test. Since these are not available on the day of the physical, please make sure that you or your physician sends them to us when they are completed. (See attached form.) Please send to the Early Childhood Education Office located at the Athens-Meigs Educational Service Center 21 Birge Dr., PO Box 40; Chauncey, Oh 45719. If you have any questions or if we can assist you in any way, please contact the Early Childhood Education office at (740) 797-0064.

Sincerely,

A handwritten signature in cursive script that reads "Mindy Ausseresses".

Mindy Ausseresses  
Early Childhood Education Coordinator

# 2022 Recommended Immunizations for Children from Birth Through 6 Years Old



Age	Immunizations
Birth	HepB
1 month	HepB
2 months	RV, DTaP, Hib, PCV13, IPV
4 months	RV, DTaP, Hib, PCV13, IPV
6 months	HepB
12 months	HepB
15 months	HepB
18 months	HepB
19-23 months	HepB
2-3 years	HepB
4-6 years	HepB

**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

## COVID-19 VACCINATION IS RECOMMENDED FOR AGES 6 MONTHS AND OLDER.

### FOOTNOTES:

- \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
  - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.



For more information, call toll-free  
**1-800-CDC-INFO (1-800-232-4636)**  
or visit  
**www.cdc.gov/vaccines/parents**



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.



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## School Districts:

Alexander Local  
Athens City  
Federal-Hocking Local

Dear Physician,

The Athens-Meigs Educational Service Center coordinates early childhood programs in Athens County. Each year, we provide screening and registration days in the school districts. In order to qualify for enrollment, children must have a medical examination. Ohio Dept. of Education has mandated lead and hemoglobin screenings as part of the medical exam. Many of our physicians routinely perform these two screenings, but others do not. We recognize that not all parts of the county are at risk for lead poisoning but two area zip codes, 45701 (Athens) and 45732 (Glouster) are high risk areas and given frequent relocation within the county, we are concerned that many children may be exposed to high lead areas. Another concern has been that these tests are expensive and insurance has often not covered them. However, preventive services for Ohio Health Insurance Plans are required as of Sept. 22, 2010 to provide hemoglobin and lead testing for children without copays or deductibles. We are hoping that your practice will be able to offer these screenings and provide results when completing the attached Medical Statement so that we can track these health issues and facilitate follow-up when needed.

If you have suggestions or concerns, we would welcome your input as we attempt to meet regulations that focus on improving the health of our preschool children.

Sincerely,

A handwritten signature in cursive script that reads "Mindy Ausseresses".

Mindy Ausseresses  
Early Childhood Coordinator



# Athens-Meigs Educational Service Center

21 Birge Dr.

PO Box 40

Chauncey, Oh 45719

PH: (740) 797-0064 FAX: (740) 797-0070

I \_\_\_\_\_ consent to release of information for my child  
(Parent/Legal Guardian)

\_\_\_\_\_, whose date of birth is \_\_\_\_\_,

between our primary physician \_\_\_\_\_, and The Athens-

Meigs Educational Service Center including immunization records, developmental and

medical information.

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

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The results of the following tests for \_\_\_\_\_, \_\_\_\_\_ are:  
(Child) (DOB)

Lead # \_\_\_\_\_ date completed \_\_\_\_\_

Hemoglobin # \_\_\_\_\_ date completed \_\_\_\_\_

Please fax or mail these results to:

Early Childhood Education  
Athens-Meigs Educational Service Center  
PO Box 40  
Chauncey, Oh 45719

FAX# 740-797-0070

Please call the Preschool office at Athens-Meigs ESC @ 740-797-0064 if you have questions.

Thanks very much for assisting us in our effort to track health data for our preschool children!

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 (please note any exceptions below).		
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			