



MASON EARLY CHILDHOOD CENTER

IMMUNIZATION CHECKLIST

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

Preschool students need:

- A health exam/physical within one year of entering preschool and **yearly** while attending preschool.
- Proof of Ohio Department of Health required immunizations.

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

Please sign below after reading the following statement:

I HAVE BEEN INFORMED OF THE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENROLLMENT REGARDING MY CHILD'S IMMUNIZATION STATUS. I UNDERSTAND THAT A WRITTEN IMMUNIZATION RECORD MUST BE SUBMITTED AS PART OF THE ENROLLMENT PROCESS IN ORDER FOR MY CHILD TO ATTEND SCHOOL AND THAT ANY DEFICIENCY IN REQUIRED IMMUNIZATIONS MUST BE COMPLETED WITHIN 14 CALENDAR DAYS OF THE DATE OF ENTRANCE, AS NOTED. IF NOT, HE/SHE WILL BE EXCLUDED FROM SCHOOL UNTIL ALL ITEMS ARE SATISFACTORILY COMPLETED.

Parent/Guardian's Signature _____ Date _____





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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)	3-4 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

Please sign below after reading the following statement:

I HAVE BEEN INFORMED OF THE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENROLLMENT REGARDING MY CHILD'S IMMUNIZATION STATUS. I UNDERSTAND THAT A WRITTEN IMMUNIZATION RECORD MUST BE SUBMITTED AS PART OF THE ENROLLMENT PROCESS IN ORDER FOR MY CHILD TO ATTEND SCHOOL AND THAT ANY DEFICIENCY IN REQUIRED IMMUNIZATIONS MUST BE COMPLETED WITHIN 14 CALENDAR DAYS OF THE DATE OF ENTRANCE, AS NOTED. IF NOT, HE/SHE WILL BE EXCLUDED FROM SCHOOL UNTIL ALL ITEMS ARE SATISFACTORILY COMPLETED.

Parent/Guardian's Signature _____ Date _____





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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)	3-4 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

