



24365 Hilliard Blvd., Westlake, Ohio 44145 (440) 871-7300

SCHOOL HEALTH QUESTIONNAIRE GRADES K – 12
2023-2024

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Parent/Guardian Names: \_\_\_\_\_
School Transferred From: \_\_\_\_\_ City/State: \_\_\_\_\_
School Transferred To: \_\_\_\_\_ Grade: \_\_\_\_\_
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL HISTORY OF CHILD

Chicken Pox Disease (Year) \_\_\_\_\_ Asthma: (Trigger) \_\_\_\_\_ Treatment: \_\_\_\_\_
Seizure Disorder (describe) \_\_\_\_\_ Onset: \_\_\_\_\_
Significant Ear Infections: \_\_\_\_\_ Any Hearing Difficulty? \_\_\_\_\_
Glasses: \_\_\_\_\_ Contacts: \_\_\_\_\_ Date of Last Eye Exam: \_\_\_\_\_
Allergy to Food (describe reaction) \_\_\_\_\_
Treatment: \_\_\_\_\_ Is EPI-Pen Used? Yes \_\_\_\_\_ No \_\_\_\_\_
Other Allergies (describe reaction) \_\_\_\_\_
Treatment: \_\_\_\_\_ Is EPI-Pen Used? Yes \_\_\_\_\_ No \_\_\_\_\_
Medications taken daily (list): \_\_\_\_\_
Medical Conditions: \_\_\_\_\_

PLEASE CONTACT SCHOOL NURSE PRIOR TO SCHOOL ENTRY IF YOUR CHILD HAS ANY CHRONIC HEALTH PROBLEMS OR YOU HAVE ANY HEALTH CONCERNS.

School Nurse Contact Information: Pre-K thru 4th: DetwilerB@wlake.org 440-250-1214
5th - 8th Grade: Kaiser@wlake.org 440-250-1120
9th - 12th Grade: DetwilerT@wlake.org 440-250-1022

YOU MUST OBTAIN A PRINTED COPY OF YOUR CHILD'S IMMUNIZATION HISTORY FROM YOUR PHYSICIAN AND ATTACH IT TO THIS FORM BEFORE THE START OF SCHOOL

Please see the reverse side for the Ohio Department of Health required vaccine schedule.

Parent Signature

## State of Ohio Immunization Summary for School Attendance Fall of 2023

<p><b>DTaP/DT Tdap/Td</b></p> <p>Diphtheria, Tetanus, Pertussis</p>	<p><b><u>K-12</u></b> Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4<sup>th</sup> birthday, a fifth dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>th</sup> birthday, a fifth dose is not required. *</p> <p><b><u>Grades 7-12</u></b> One (1) dose of Tdap vaccine must be administered on or after the 10<sup>th</sup> birthday. **</p>
<p><b>POLIO</b></p>	<p><b><u>K-12</u></b> Three (3) or more doses of IPV. The <i>FINAL dose must be administered on or after the 4<sup>th</sup> birthday</i>, regardless of the number of previous doses. ***</p>
<p><b>MMR</b> Measles, Mumps, Rubella</p>	<p><b><u>K-12</u></b> Two (2) 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>
<p><b>HEP B</b> Hepatitis B</p>	<p><b><u>K-12</u></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 (3rd or 4th dose), must not be administered before age 24 weeks.</p>
<p><b>Varicella</b> (Chickenpox)</p>	<p><b><u>K-12</u></b> Two (2) 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 (3) months after the first dose; however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p>
<p><b>MCV4</b> Meningococcal</p>	<p><b><u>Grade 7-11</u></b> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the tenth (10<sup>th</sup>) birthday.</p> <p><b><u>Grade 12</u></b> Two (2) doses of MCV4 by age 16 years, with a minimum interval of eight (8) 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 Schedules for ages 18 years or younger* or the *Catch-up Immunization Schedule* for persons aged four months-18 years who start late or who are more than one 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 4 days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to 5 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](#) (available at [www.odh.ohio.gov](http://www.odh.ohio.gov)) 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 (4) weeks between the first and second doses, and the second and third doses; and six (6) 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 seven 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 seven to nine years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of the 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 four (4) years or older with at least six months between the final and previous dose. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should not be counted. If any combination of IPV and OPV was received, four doses of either vaccine are required.

\*\*\*\* 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 sixteenth birthday, a second dose is not required. If a pupil is in twelfth grade and is 15-years-old or younger, only one dose is required. Currently, there are no school entry requirements for meningococcal B vaccine.