

MASON EARLY CHILDHOOD CENTER

IMMUNIZATION CHECKLIST

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

Preschool students need:	
 A health exam/physical within one year of enterpreschool. 	ering preschool and yearly while attending
☐ Proof of Ohio Department of Health required in	nmunizations.
DPT (Diphtheria, Pertussis, Tetanus)	4 doses
OPV/IPV (Polio vaccine)	3 doses If any combination of IPV and OPV was received, four doses of either vaccine are required. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2026, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 016, should not be counted.
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 i☐ Proof of lead screening or waiver from Physicia☐ Dental report	
 Take care of these required health examinations, imm Your child's primary care physician The Warren County Health Department: 513.0 The Little Clinic or Urgent Cares that perform 	695.1228
Please sign below after reading the following statemond is the process of the immunization requirements of the immunization status. I understand that a written immunity enrollment process in order for my child to attend schemust be completed within 14 calendar days of the date of the school until all items are satisfactorily complete.	FOR SCHOOL ENROLLMENT REGARDING MY CHILD'S NIZATION RECORD MUST BE SUBMITTED AS PART OF THE NOOL AND THAT ANY DEFICIENCY IN REQUIRED IMMUNIZATION: DF ENTRANCE, AS NOTED. IF NOT, HE/SHE WILL BE EXCLUDED
Parent/Guardian's Signature	Date
Student Name (Please Print)	



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S	 Health exam or physical within one year of starting kindergarten or when entering school system for the first time. Proof of Ohio Department of Health required immunizations. 					
	DPT (Diphtheria, Pertussis, Tetanus)	4 doses				
	OPV/IPV (Polio vaccine)	3-4 doses If any combination of IPV and OPV was received, four doses of either vaccine are required. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2026, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 016, should not be counted.				
	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
· ·	
Student Name (Please Print)	



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1st and	2nd	grade students need:	

PV/IPV (Polio vaccine)	
	3-4 doses If any combination of IPV and OPV was received, four doses of either vaccine are required. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2026, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 016, should not be counted.
MR	2 doses
aricella	2 doses or proof of disease
epatitis B	3 doses
_ -	ricella

Parent/Guardian's Signature Date

Student Name (Please Print)