



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

SCHOOL HEALTH QUESTIONNAIRE GRADES K – 12
2024-2025

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 2024

DTaP Diphtheria, Tetanus, Pertussis	<p><u>Grades K-12</u> Four or more doses of DTaP or DT vaccine, or any combination. If all four doses were given before the fourth 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 fourth birthday, a fifth dose is not required.</p> <p><i>Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six 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.</i></p>
HEP B Hepatitis B	<p><u>Grades K-12</u> Three doses of hepatitis B vaccine. 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 eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.</p>
MMR Measles, Mumps, Rubella	<p><u>Grades K-12</u> 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>
POLIO	<p><u>Grades K-12</u> Three or more doses of IPV vaccine. The FINAL dose must be administered on or after the fourth birthday with at least six months between the final and previous dose, regardless of the number of previous doses.</p> <p><i>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, 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.</i></p>
Varicella (Chickenpox)	<p><u>Grades K-12</u> Two 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 months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p>
Tdap Tetanus, Diphtheria, Pertussis	<p><u>Grades 7-12</u> One dose of Tdap vaccine must be administered on or after the tenth birthday. Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine.</p> <p><i>Children aged 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 y</i></p>
Meningococcal Meningococcal ACWY	<p><u>Grades 7-11</u> One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the 10th birthday.</p> <p><u>Grade 12</u> Two doses of meningococcal (serogroup A, C, W, and Y) vaccine. Second dose on or after age 16 years. If the first dose was given on or after the 16th birthday, only one dose is required</p>

Important Notes:

- Vaccine should be administered according to the most recent version of the Recommended Child and Adolescent Immunization Schedule 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.
- Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five 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 and the Ohio Department of Health (ODH) Director's Journal Entry regarding school immunization requirements, recommended vaccines, and exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at 800-282-0546 or 614-466-4643 with questions.

Last updated 11/2023.

Immunization School Summary 2024-25.docx