

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City/State: _____

Phone: _____ Email: _____

Parent/Guardian Names: _____

School Transferred From: _____ City/State: _____

School Transferred **To**: _____ Grade: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Parent/Guardian Must Complete The Medical History Of Child (this section is NOT referring to immunization)

Chicken Pox Disease: Yes No (If Yes) What Year: _____ Asthma: Yes No

Asthma (Trigger): _____ Asthma Treatment: _____

Seizure Disorder (describe): _____ Onset: _____

Significant Ear Infections: Yes No Any Hearing Difficulty? _____

Glasses: Yes No Contacts: Yes No 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 The School Nurse Prior To School Entry If Your Child Has Any Chronic Health Problems Or You Have Any Health Concerns.

School Nurse Contact Information: Prek - 4th Grade: 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 may also leave a message with the schools main office.

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

Date

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