Westerville City Schools

# K-12 Immunizations & Health Information

Dear Parents & Guardians,

Please be aware that Ohio Law stipulates requirements for immunizations and medication administration in school. Please read and complete the information below.

1) Ohio Law requires ALL students have a minimum of the immunizations listed on the back side of this form to attend school. After 14 days of starting school, if no documentation of required immunizations or exemption form is received, student will not be permitted to attend school until documentation is submitted.
2) Do not rely on the previous school to submit records, it is the parent/guardian responsibility to provide immunization records. (ORC 3313.67 and 3313.671)
3) If Medication is to be taken during school hours, please request forms from the school health clinic.
4) The school cannot assume responsibility for treatment of an ill or injured child beyond the administration of first aid.
5) Students entering Westerville City Schools that were born in or are traveling from any TB endemic country are required to have a negative TB skin test, or a clear chest x-ray performed in the U. S. BEFORE the first day of school attendance.

6) **Medical Information**: Please Check ALL that apply

| | | |
|---|---|---|
| Student's Name: | | Date Enrolled: |
| School: | Gr: | Date of Birth: |
| Last School of Attendance: | | |
| ☐ Food Allergies to: | ☐ ADD/ADHD | |
| ☐ Other Allergies to: | ☐ Asthma | |
| ☐ Epi-Pen Needed | ☐ Inhaler Needed | |
| ☐ Other Medications: | ☐ No Medical History | |
| ☐ Other Information: | | |

7) **Immunizations:** Please complete the required Immunization Table below or submit a copy of your student's immunization record

For Office use:
After review, immunizations indicated below are: ☐ Not on File ☐ Incomplete ☐ In Process & Now Due

| Grade/Required Doses See details on back page | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| K-12 DTaP, DT, Td, Tdap | | | | | | |
| K-12 Polio | | | | | | |
| K-12 Hepatitis B (HBV) | | | | | | |
| K-12 MMR (measles, mumps, rubella) | | | | | | |
| K-11 Varicella Vaccine (Chicken Pox) | | | or | Date of Chicken Pox Disease: | | |
| or | | | | | | |
| MMRV (mmr/varicella combined) | | | | | | |
| 7-12 Tdap Booster | | | | | | |
| 7, 8 & 12 Meningitis Vaccine | | | | | | |
| Other | | | | | | |
| Negative TB test or negative chest x-ray required BEFORE enrollment for students that were born or are traveling from a TB endemic country. | | | Date Administered | Date Read | Result | CXR Result |

I understand that it is my responsibility to provide immunization records to the school clinic staff by the 14th day of school.

8) Signature of Parent/Guardian _____ Date_____

**PLEASE RETURN OR FAX THIS FORM TO THE SCHOOL NURSE BY: _____**

# Ohio Immunization Summary for School Attendance, 2025-2026



| Vaccine/Grade | K | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DTaP Diphtheria, Tetanus, Pertussis | 4 or more doses | | | | | | | | | | | | |
| Hep B Hepatitis B | 3 or more doses | | | | | | | | | | | | |
| MMR Measles, Mumps, Rubella | 2 doses | | | | | | | | | | | | |
| Polio | 3 or more doses | | | | | | | | | | | | |
| Varicella (Chickenpox) | 2 doses | | | | | | | | | | | | |
| Tdap Tetanus, Diphtheria, Pertussis | | | | | | | | 1 dose | | | | | |
| MCV4 Meningococcal ACWY | | | | | | | | 1st dose | | | | | 2nd dose |

## 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.**

Ohio Department of Health

Last updated 01/2025.

## Ohio School Immunization Requirement Details

| | |
|---|---|
| **DTaP**<br>**Diphtheria, Tetanus, Pertussis** | **Grades K-12**<br>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.<br>*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.* |
| **Hep B**<br>**Hepatitis B** | **Grades K-12**<br>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. |
| **MMR**<br>**Measles, Mumps, Rubella** | **Grades K-12**<br>Two doses of MMR vaccine. 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. |
| **Polio** | **Grades K-12**<br>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.<br>*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.* |
| **Varicella**<br>**(Chickenpox)** | **Grades K-12**<br>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. |
| **Tdap**<br>**Tetanus, Diphtheria, Pertussis** | **Grades 7-12**<br>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.<br>*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 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.* |
| **Meningococcal**<br>**Meningococcal ACWY** | **Grades 7-11**<br>One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the 10th birthday.<br>**Grade 12**<br>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. |