



Madison Local School District

Student Medical Record

(To be completed by a licensed physician)

Fax# 440-428-9379

Child's Name: _____

Date of Birth: _____

Address: _____

EXAMINATION

Date: _____

Height: _____

Weight: _____

Eyes: _____

Vision - Right 20/ _____

Vision - Left 20/ _____

Ears: _____

Type of Hearing Test: _____ Right _____ Left _____

Referred to ear or eye specialist? _____

No Yes

Nose: _____

Throat: _____

Mouth: _____

Teeth: _____

Is dental work indicated? _____

No Yes

Posture: _____

Orthopedic: _____

Skin: _____

Nervous System: _____

Neck: _____

Lungs: _____

Heart: _____

Hernia: _____

Abdomen: _____

Urinalysis: _____

Genitalia: _____

General Condition: _____

Remarks & Recommendations: _____

IMMUNIZATIONS

(include Month, Day & Year for each)

DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Polio 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR (Measles Mumps, Rubella) 1. _____ 2. _____ MMR Booster _____

Hepatitis B 1. _____ 2. _____ 3. _____ 4. _____

HIB 1. _____ 2. _____ 3. _____ 4. _____ (Pre School only)

Tuberculin Test _____ Results _____

Varicella Vaccine (Chicken Pox) 1. _____ 2. _____

(Specify Vaccine and/or Disease Date)

Other Immunizations: _____

(Specify Dates and Types)

SCREENING TESTS - PRESCHOOL ONLY

These screenings are required by ODE Licensing Guidelines for Preschool Students.

Enter dates if done previously. Record results to assist with follow-up.

Hemoglobin Date: _____

Results: _____

Lead Date: _____

Results: _____

Physician's Signature _____

Physician's Name (Please Type or Print) _____

Physician's Phone Number _____

Physician's Address _____



VACCINES	FALL 2023 Immunizations for School Attendance
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	K-12 Four or more doses of DTaP or DT, or any combination. If all four doses were given <i>before the fourth birthday</i>, a fifth dose is <i>required</i>. 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.* Grade 7-12 One dose of Tdap vaccine must be administered on or after the tenth birthday. **
POLIO	K-12 Three or more doses of IPV. The <i>FINAL</i> dose must be administered on or after the fourth birthday, regardless of the number of previous doses. ***
MMR Measles, Mumps, Rubella	K-12 Two 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.
HEP B Hepatitis B	K-12 Three 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 eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.
VARICELLA (Chickenpox)	K-12 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.
MCV4 Meningococcal	Grade 7 One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the tenth birthday. Grade 12 Two doses of MCV4. 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. ****

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. Schedules are available for print or download through www.cdc.gov/vaccines/schedules/index.html.
- 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](#) for school attendance and the [ODH Director's Journal Entry](#) 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 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.

** 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 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 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.