



**Immunization Requirements – K-12**

To the Parent of: \_\_\_\_\_ D.O.B. \_\_\_\_\_

From: \_\_\_\_\_ Date: \_\_\_\_\_

FOR THE 2018-2019 SCHOOL YEAR, OHIO LAW REQUIRES ALL STUDENTS HAVE A MINIMUM OF THE IMMUNIZATIONS LISTED BELOW TO ATTEND SCHOOL. A RECORD OF THESE IMMUNIZATIONS MUST BE ON FILE WITH THE SCHOOL BY THE **14TH DAY AFTER THE STUDENT BEGINS SCHOOL**. IF THE RECORDS ARE NOT ON FILE BY THIS DATE, **THE STUDENT WILL BE EXCLUDED FROM SCHOOL BEGINNING WITH THE 15<sup>th</sup> DAY AFTER THE STUDENT BEGINS SCHOOL**.

| VACCINES  | <i>2018-2019</i><br>IMMUNIZATIONS FOR SCHOOL ATTENDANCE   |
|---|---|
| <b>DTaP/DT/Tdap/<br/>Td</b><br>Diphtheria,<br>Tetanus,<br>Pertussis | <b><u>K</u></b><br>Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4 <sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4 <sup>th</sup> birthday, a fifth (5) dose is not required.<br><b><u>Grades 1-12</u></b><br>Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.<br><b><u>Grades 7-12</u></b><br>One (1) dose of Tdap vaccine must be administered prior to entry. |
| <b>POLIO</b>  | <b><u>K-8</u></b><br>Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 <sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.<br><b><u>Grades 9-12</u></b><br>Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.   |
| <b>MMR</b><br>Measles,<br>Mumps, Rubella                            | <b><u>K-12</u></b><br>Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.   |
| <b>HEP B</b><br>Hepatitis B   | <b><u>K-12</u></b><br>Three (3) 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 8 weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.  |
| <b>Varicella</b><br>Chickenpox                                      | <b><u>K-8</u></b><br>Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.<br><b><u>Grades 9-12</u></b><br>One (1) dose of varicella vaccine must be administered on or after the first birthday.   |
| <b>MCV4</b><br>Meningococcal  | <b><u>Grades 7-9</u></b><br>One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry<br><b><u>Grade 12</u></b><br>Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.  |

**Currently, our records indicate that your child is deficient in meeting the state requirements for immunizations. Please note we have identified those deficiencies with a check mark in the list provided below. We have also attached a copy of the immunization records currently on file in the school clinic. Please provide both of these documents to your health care provider at the time of the vaccination appointment. Upon completion, please return an updated immunization record from the physician's office or the public health department to the school clinic.**

Please provide the school clinic with proof of dates of these immunizations by: \_\_\_\_\_

No records on file

|                | Dose 1                   | Dose 2                   | Dose 3                   | Dose 4                   | Dose 5                   |           | Dose 1                   | Dose 2                   | Dose 3                   | Dose 4                   | Dose 5                   |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| DTaP/DPT/DT/Td | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEP-B     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tdap (booster) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VARICELLA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| POLIO          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MCV4      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MMR (combined) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## LOCAL CLINIC INFORMATION

A parent/legal guardian must accompany their child. All clinics are closed on all legal holidays. NO TB test will be administered at any of these clinics. Non-English speaking families must bring an interpreter. Please bring the following items to the appointment: past immunization record, photo identification, insurance card, and this form. Please contact the perspective clinic in advance as all dates, times, and fees are subject to change.

### PUBLIC HEALTH IMMUNIZATION CLINIC SCHEDULES

| COUNTY                                     | LOCATION  | DAYS/TIMES   | DETAILS  |
|--|---|--|--|
| <b>Franklin County Immunization Clinic</b> | <b>DUBLIN</b><br><b>Community Rec. Center</b><br>5600 Post Road<br>Dublin, OH 43017                         | 1 <sup>st</sup> and 3 <sup>rd</sup><br>Wednesday of<br>each month  | Appointment required. To schedule:<br>visit <a href="http://www.myfcph.org/imm">www.myfcph.org/imm</a><br>or call (614) 525-3719.<br><br>Most appointments will be scheduled<br>9:40am-2:00pm<br><br>Sliding fee scale available for those<br>without insurance; however, no child will<br>be turned away due to inability to pay.   |
|  | <b>HILLIARD</b><br><b>Norwich Twp Fire Station 83</b><br>4283 Davidson Road<br>Hilliard, OH 43026           | 2 <sup>nd</sup> Wednesday of<br>each month   |  |
|  | <b>WESTERVILLE</b><br><b>Division of Fire</b><br>400 W. Main St.<br>Westerville, OH 43081                   | 2 <sup>nd</sup> and 4 <sup>th</sup> Wednesday of<br>each month   |  |
| <b>Columbus Public Immunization Clinic</b> | <b>COLUMBUS</b><br><b>Public Health Department</b><br>240 Parsons Avenue<br>Columbus, OH 43215              | Mon. 8:00a – 2:15p<br>Tues. 10:00a – 6:15p<br>Wed. 8:00a – 11:15a<br>Thur. & Fri. 8:00a-4:00p  | No appointment required.<br>First come, first serve basis.<br><br>Sliding fee scale available for those<br>without insurance; however, no child will<br>be turned away due to inability to pay.<br><br>Visit the website or call for fees or<br>additional information:<br><a href="http://www.columbus.gov/publichealth/programs/immunization-program">www.columbus.gov/publichealth/programs/<br/>immunization-program</a><br>or (614) 645-7945. |
|  | <b>WORTHINGTON</b><br><b>United Methodist Church</b><br>600 High Street<br>Worthington, OH 43085            | 3 <sup>rd</sup> Tuesday of<br>each month from<br>1:00 pm – 4:00 pm   |  |
| <b>Union County Immunization Clinic</b>    | <b>MARYSVILLE</b><br><b>Union County Health Dept.</b><br>940 London Ave, Suite 1100<br>Marysville, OH 43040 | <u>Day Clinic 9a-3:30p</u><br>Tuesdays and the<br>2 <sup>nd</sup> , 4 <sup>th</sup> , and 5 <sup>th</sup><br>Wednesdays of<br>each month.<br><br><u>Evening Clinic 4p-6p</u><br>Tuesdays and the 1 <sup>st</sup> and 3 <sup>rd</sup><br>Wednesday of each month. | By appointment only.<br><br>Please call (937) 642-2053 for<br>appointment and fees.  |
| <b>Delaware County Immunization Clinic</b> | <b>DELAWARE</b><br><b>General Health District</b><br>3 West Winter St.<br>Delaware, OH 43015                | <u>Thursdays</u><br>9:00am-11:00am<br>1:00pm-4:00pm<br><br><u>2<sup>nd</sup> Sat. of month</u><br>9:00am-12:00pm<br><br><u>Last Tues. of month</u><br>4:00pm-6:30pm  | Walk-ins and appointments welcome.<br><br>Please call (740) 203-2040 for<br>appointment and fees.  |