



Immunization Requirements – K-12

To the Parent of: _____ D.O.B. _____

From: _____ Date: _____

FOR THE 2019-2020 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 15th DAY AFTER THE STUDENT BEGINS SCHOOL.

VACCINES	2019-2020 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT/Tdap/ Td Diphtheria, Tetanus, Pertussis	K Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4 th 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 th birthday, a fifth (5) dose is not required. Grades 1-12 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. Grades 7-12 One (1) dose of Tdap vaccine must be administered prior to entry.
POLIO	K-9 Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 th 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. Grades 10-12 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.
MMR Measles, Mumps, Rubella	K-12 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.
HEP B Hepatitis B	K-12 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.
Varicella Chickenpox	K-9 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. Grades 10-12 One (1) dose of varicella vaccine must be administered on or after the first birthday.
MCV4 Meningococcal	Grades 7-10 One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the 10th birthday and prior to entry. Grade 12 Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. The 1st dose must be administered on or after the 10th birthday.

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

Please contact the perspective clinic in advance for information and to schedule your appointment. Plan to bring the following items to the appointment: past immunization record, photo identification, insurance card, and this form.

PUBLIC HEALTH IMMUNIZATION CLINIC INFORMATION

Franklin County Immunization Clinic

Visit the website or call for fees and additional information

<https://myfcph.org/health-wellness/shots/>

(614) 525-3719

Columbus Public Immunization Clinic

Visit the website or call for fees and additional information

<https://www.columbus.gov/publichealth/programs/Immunization-Program/>

(614) 645-7945

Union County Immunization Clinic

Visit the website or call for fees and additional information

<http://www.uchd.net/childhood-immunization-clinic>

(937) 642-2053

Delaware County Immunization Clinic

Visit the website or call for fees and additional information

<https://delawarehealth.org/immunizations>

(740) 203-2040