



6451 Center Street
Mentor, OH 44060

OHIO COMPULSORY IMMUNIZATION LAW

Student's Name _____ Date of Birth _____

Name of Parent(s) _____

Physician's Name _____ Telephone _____

The OHIO STATE IMMUNIZATION LAW requires that each child entering school must have received or be in the process of receiving immunization against:

1. Diphtheria, Pertussis, Tetanus, DPT (4 doses or 5 doses required if 4th dose given before 4th birthday)
2. Poliomyelitis (a minimum of 3 doses. The final dose must be given after the 4th birthday. Example: 4 doses required if 3rd dose given before 4th birthday; 4 doses required if a combination of OPV and IPV have been given and for children who entered Kindergarten after 2010)
3. MMR (1st vaccine required after 1st birthday, 2nd vaccine required at least 28 days after the 1st)
4. Hepatitis B Vaccine series (3 doses required)
5. Varicella/Chicken Pox (2 doses required prior to entering kindergarten beginning August, 2010. If not given on the same day as the MMR, it must be separated by at least 28 days from when MMR given)
6. Tdap (Tetanus, Diphtheria, and Pertussis) or Td (Tetanus and Diphtheria) is a booster requirement for students entering the seventh grade.
7. One (1) dose of meningococcal vaccine must be administered prior to entry of 7th grade. Two (2) doses of meningococcal vaccine must be administered prior to entry into twelfth grade.

***A physical examination must be obtained within one year prior to the start of school and yearly for preschoolers. Per state law (ORC 3313.671), students who have not met this requirement by the 14th day of school can be excluded from school until the requirement is met.**

STUDENT IMMUNIZATION RECORD

Diphtheria, Whooping Cough, Tetanus (DTaP, DTP, DT)

	Month	Day	Year
1 st Vaccine	____/____/____		
2 nd Vaccine	____/____/____		
3 rd Vaccine	____/____/____		
4 th Vaccine	____/____/____		
5 th Vaccine	____/____/____		
6 th Vaccine (Tdap)	____/____/____		

Poliomyelitis (OPV,IPV)

	Month	Day	Year
1 st Vaccine	____/____/____		
2 nd Vaccine	____/____/____		
3 rd Vaccine	____/____/____		
4 th Vaccine	____/____/____		

Hepatitis B Vaccine Series

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____
3 rd Vaccine	____/____/____
4 th Vaccine	____/____/____

HIB Vaccine

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____
3 rd Vaccine	____/____/____
4 th Vaccine	____/____/____

Measles, Mumps, Rubella (MMR)

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____

TB Test (Optional)

Results: Negative _____
Positive _____

Type: _____

Varicella (Chicken Pox) Vaccine

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____
Chickenpox Disease	____/____/____

Meningococcal Vaccine

1 st Vaccine	____/____/____
2 nd Vaccine	____/____/____

Requirements may be waived for medical or religious reasons upon receipt of a signed statement from physician or parent/guardian respectively.

Parent or Physician's Signature and Date