

Student Immunization Report 2018-2019

Elder High School

DUE NO LATER THAN 6/1/18

Phone: (513) 921-3744; Fax: (513) 921-8123

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).

This form must be returned in order for the student to receive his schedule.

A copy of the student's immunization record may be attached or dates may be entered below.

Student's Name (Print)	Grade	Date of Birth
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Vaccine

Record complete dates (month, day, year) of vaccine doses given

Diphtheria, Tetanus, Pertussis

1-12: Four (4) or more 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.

# 1 / /	#2 / /	#3 / /	#4 / /	#5 / /	Dose Prior to 7 th Grade / /
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Polio

Grades 7-12: 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.

# 1 / /	#2 / /	#3 / /	#4 / /	#5 / /	
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Measles, Mumps, Rubella (MMR)

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.

# 1 / /	#2 / /	
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Hepatitis B (HBV)

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.

# 1 / /	#2 / /	#3 / /	
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Varicella (Chickenpox)

Grades 7-10: One (1) dose of varicella vaccine must be administered on or after the first birthday.

# 1 / /	#2 / /	
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Meningococcal (MCV4)

Grade 12: Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. If the first dose of MCV4 was administered on or after the 16th birthday, a second dose is not required.

# 1 / /	#2 / /	
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Physician/Advanced Practice Nurse/Physician Assistant Print Name: _____

Signature: _____ **Phone:** _____ **Date:** _____