

Dalene Sadowski, RN
 School Nurse

**VERIFICATION OF PARENT NOTIFICATION
 OF
 HEALTH AND IMMUNIZATION REQUIREMENTS**

A **physical examination** within the past year may be requested for initial enrollment in **kindergarten** or **first grade** in the district.

The Ohio Department of Health has established minimum requirements for immunizations of pupils in public and non-public schools. **Minimum state required immunizations for school year 2019-2020 are as follows:**

VACCINES	FALL 2019 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DTP/DT Tdap/TD Diphtheria, Tetanus, Pertussis	Kindergarten <i>4 or more doses of DTaP, DTP or DT, or any combination. If all doses were administered prior to the 4th birthday, a 5th dose is required. If 4th dose was administered at least 6 months after the 3rd dose, and after the 4th birthday, a 5th dose is not required.</i> Grades 1-12 <i>4 doses of DTaP, DTP, DT or Td or any combination. 3 doses is the minimum for children 7 and up.</i> Grades 7-12 <i>1 dose of Tdap vaccine must be administered prior to entry.</i>
POLIO	K-9 <i>3 or more doses of IPV. The final dose must be administered on or after the 4th birthday regardless of the number of previous doses; If a combination of OPV and IPV was administered, 4 doses of either vaccine are required.</i> Grades 10-12 <i>3 or more doses of OPV and IPV. If the 3rd dose of either series was received prior to the 4th birthday, a 4th dose is required. If combination of OPV and IPV was received, 4 doses of either vaccine are required.</i>
MMR Measles, Mumps, Rubella	K-12 <i>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.</i>
HEP B Hepatitis B	K-12 <i>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.</i>
Varicella Chickenpox	K-9 <i>2 doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after 1st birthday. The 2nd dose should be administered at least 3 months after dose 1.</i> Grade 10-12 <i>1 dose of varicella vaccine must be administered on or after the first birthday.</i>
MCV4 Meningococcal	Grade 7-10 <i>One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</i> Grade 12 <i>Two (2) doses of meningococcal *(serogroup A, C, W, and Y) vaccine must be administered prior to entry.</i>

(Some exceptions may apply.)

Student's Name _____ Date of Birth _____

Address _____ Phone _____

School _____ Date of entrance _____ Grade _____

NOTE: Please sign below after reading the following statement:

I HAVE BEEN INFORMED OF THE REQUIREMENTS FOR SCHOOL ENROLLMENT REGARDING MY CHILD'S HEALTH AND IMMUNIZATION STATUS. I UNDERSTAND DOCUMENTATION OF IMMUNIZATIONS MUST BE RECEIVED WITHIN 15 CALENDAR DAYS OF ENROLLMENT. Each child entering the District's kindergarten or 1st grade program for the first time must be properly screened for any developmental disorders, medical or health problems, as well as those related to hearing, vision, speech and communications. **I UNDERSTAND THAT MY CHILD MAY BE EXCLUDED FROM SCHOOL UNTIL ALL ITEMS ARE SATISFACTORILY COMPLETED.**

Parent/Guardian _____ Date _____