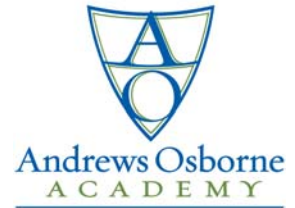


HEALTH DEPARTMENT IMMUNIZATION RECORDS

(Form H – 3) 2009 - 2010



Deadline: August 1, 2009 Please Print Clearly in Ink

Student Name			Address		
City	State	Zip	Date of Birth	Age	

FOR ALL STUDENTS, INCLUDING INTERNATIONAL STUDENTS, OHIO LAW REQUIRES THAT BEFORE SCHOOL ENTRANCE, THERE MUST BE PRESENTED WRITTEN EVIDENCE THAT YOUR CHILD HAS RECEIVED THE IMMUNIZATIONS LISTED BELOW. PLEASE COMPLETE WITH DATES AND SIGN BELOW

OHIO STATE LAW REQUIRES:	(check one)		(Month/Day/Year)
	YES	NO	DATE
I. DIPHTHERIA, WHOOPING COUGH, TETANUS: DTaP/DTP/DT <i>(Five doses of DTap, DTP, or DT or any combination, if the fourth dose was administered prior to the 4th birthday.)</i>	1st _____	_____	_____
	2nd _____	_____	_____
	3rd _____	_____	_____
	4th _____	_____	_____
	5th _____	_____	_____
II POLIO VACCINE <i>(Four doses if a combination of OPV or IPV was administered. Four doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4th birthday.)</i>	1st _____	_____	_____
	2nd _____	_____	_____
	3rd _____	_____	_____
	4th _____	_____	_____
III MEASLES, MUMPS, RUBELLA (MMR) <i>(Two does 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.) 2nd MMR required to enter 7th grade</i>	1st _____	_____	_____
	2nd _____	_____	_____
IV HIB	_____	_____	_____
V HEPATITIS B/ 3 in series	1st _____	_____	_____
	2nd _____	_____	_____
	3rd _____	_____	_____
<u>International Students Only - MANDATORY</u>			
VI TUBERCULIN MANTOUX TEST	Date: _____	Reaction: _____	_____
The Mantoux test is valid if given within one year prior to admission.		(If positive, provide proof of X-Ray)	
<u>Strongly Recommended for Boarding Students</u>			
VII MENINGOCOCCAL VACCINE	1st _____	_____	_____
VIII VARICELLA (Chicken Pox)	1st _____	_____	_____

Signature of Parent or Guardian

Date

Exemptions/Exceptions:

1. If your doctor says immunization might be harmful to your child, please send a written statement signed by your doctor.
2. If you object to immunization for religious or other reasons, please submit a signed statement.

Health Dept. Immunization Form 09 10 Rev. 5/09

**SEE REVERSE SIDE FOR IMMUNIZATION SUMMARY
FOR PRE-SCHOOL AND SCHOOL ATTENDANCE**