

RETURN BY: KINDERGARTEN READINESS INVENTORY

ST. PAUL SCHOOL STUDENT IMMUNIZATION

Pupil's Name _____

Date _____

Room Number _____

Grade _____

Birth Date _____

The State School Immunization Law requires that **the parent or guardian submit written evidence that the student has had all the required immunizations** for him or her to remain in school. At the beginning of each school year, or at a student's initial entry, a student has 14 days to present written evidence that the student is in compliance with the State School Immunization Law. ***If, after the end of the 14 day grace period, the student has not submitted evidence of compliance, the student shall be excluded from school until evidence is submitted.***

IMMUNIZATION INFORMATION

ITEMS A-E ARE REQUIRED. (See reverse side for explanation of requirements.) Please check your child's records to determine if your child has had the immunization and write in the date.

A. Diphtheria, Pertussis, Tetanus (D.P.T. or DaTP, DT, Td, Tdap) Vaccine

1 dose of Tdap or Td must be administered within 5 years of entering 7th grade

1) ___/___/___ 2) ___/___/___ 3) ___/___/___ 4) ___/___/___ 5) ___/___/___ 6) ___/___/___
*M D Y M D Y M D Y M D Y M D Y M D Y

B. Oral Polio Sabin vaccine (OPV, IPV)

Kindergarten; Minimum of 4 doses; last dose must be given on or after 4th birthday regardless of number of doses

1) ___/___/___ 2) ___/___/___ 3) ___/___/___ 4) ___/___/___ 5) ___/___/___
M D Y M D Y M D Y M D Y M D Y

C. MMR-Measles, Mumps, Rubella – 2 doses required, first dose having been given on or after the first birthday

1) Initial Dose ___/___/___ 2) ___/___/___
M D Y M D Y

D. Hepatitis B (HepB) 1) ___/___/___ 2) ___/___/___ 3) ___/___/___ (required for kindergarten entry beginning August, 1999 and thereafter)
M D Y M D Y M D Y

E. Varicella Zoster (Chicken Pox vaccine) 2 doses, first dose having been given on or after first birthday, or written history of disease required for Kindergarten entry beginning 8/2010

1) ___/___/___ 2) ___/___/___ **OR** Date of Disease: ___/___/___
M D Y M D Y M D Y

If the student has not received the required immunizations, please consult your family physician or your local health department to receive the necessary protection: Franklin County (Westerville/Gahanna), Columbus, and Delaware County.

Items F-H are optional

F. TB Skin Test (not required except for students entering from a foreign country)

___/___/___ Negative Positive
M D Y

G. HIB 1) ___/___/___ 2) ___/___/___ 3) ___/___/___ 4) ___/___/___
M D Y M D Y M D Y M D Y

H. Other _____

*M-D-Y = Month, Day, Year

Your signature on this completed form indicates that you have consulted your records and verify that the student meets the minimum immunizations requirement.

Signature of Parent/Guardian _____ Date _____

If the student has not received the required immunizations, please consult your family physician to receive the necessary protection. Immunization clinics are available through your local Health Department: Franklin County - 462-3635 (Westerville, Gahanna, New Albany), Columbus – 645-7945 and Delaware – 740-368-1700 or 740-203-2040. Students must be accompanied by parent/guardian.

Approved Means of Immunization as Required by
Section 3701.13, 3313.671 and 5104.011 of the
Ohio Revised Code and Amended. Effective January 4, 2010.

A. Diphtheria/Tetanus/Pertussis (DTP, DTaP, DT, Td, Tdap)

- **Kindergarten:** 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4th birthday.
- **Grades 1-12:** 3-4 doses are required unless the third dose was administered as Td or Tdap and was given at age 7 years or older.
- **Grades 7-8:** 1 dose of Tdap or Td vaccine must be administered within 5 years prior to entering 7th grade.

B. Poliomyelitis (OPV, IPV):

- **Kdg-1:** 3 or 4 doses of IPV, the final dose must be administered on or after the 4th birthday regardless of the number of previous doses; 4 doses if a combination of OPV and IPV was administered.
- **Grades 2-12:** Four doses if a combination of OPV and 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.

C. MMR (Measles, Mumps, Rubella):

Grades K-12:

The three vaccines are usually administered as combined MMR vaccine.

The schedule is as follows:

Two doses of measles, mumps, rubella (MMR) vaccine are required. The first dose must have been received on or after the first birthday and the second at least 28 days after the first dose. If MMR and Varivax have not been given on the same day they must be separated by at least 28 days with no grace period.

D. Hepatitis B Vaccine:

Grades K-12:

A minimum of three doses is required: The second dose must have been administered 28 or more days after the first, and the third at least 16 weeks after the first, 8 weeks after the second and must not be administered before age 24 weeks.

E. Varivax (Chickenpox Vaccine):

If MMR and Varivax have not been given on the same day they must be separated by at least 28 days with no grace period.

Kdg.-1: 2 doses required prior to entry. The first dose must have been received on or after the first birthday **or written history of disease required** prior to entry beginning August, 2010.

- **Grades 2-5: A minimum of one dose is required:** One dose must have been received on or after the first birthday. A pupil who has had natural chicken pox and presents a signed statement from the parent, guardian, or physician to that effect is not required to be immunized against chicken pox.