

## Immunization Summary for School Attendance-Ohio Department of Health

VACCINES	<i>FALL 2018-19</i> <b>IMMUNIZATIONS EQUIREMENTS FOR SCHOOL ATTENDANCE</b>
<b>DTaP/DT Tdap/Td</b> Diphtheria, Tetanus, Pertussis	<p><b><u>K</u></b> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4<sup>TH</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>TH</sup> birthday, a fifth (5) dose is not required.*</p> <p><b><u>1-12</u></b> 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.</p> <p><b><u>Grades 7-12</u></b> One (1) dose of Tdap vaccine must be administered prior to entry.**</p>
<b>POLIO</b>	<p><b><u>K-6</u></b> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.***</p> <p><b><u>Grades 7-12</u></b> 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.</p>
<b>MMR</b> Measles, Mumps, Rubella	<p><b><u>K-12</u></b> 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.</p>
<b>HEP B</b> Hepatitis B	<p><b><u>K-12</u></b> 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.</p>
<b>Varicella</b> (Chickenpox)	<p><b><u>K-6</u></b> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><b><u>Grades 7-10</u></b> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
<b>MCV4</b> Meningococcal	<p><b><u>Grade 7</u></b> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry</p> <p><b><u>Grade 12</u></b> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. * Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.</p>

**\*Dose spacing must be correct for each immunization.**

For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at [www.odh.ohio.gov](http://www.odh.ohio.gov), Click on "I" and then "Immunization" and then "Required Vaccines for Childcare and School"). These documents list required and recommended immunizations and indicate exemptions to immunizations.

**Your child's immunization record indicates the need for these immunizations:**

DPT: \_\_\_\_\_ Polio: \_\_\_\_\_ MMR: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_ Varicella: \_\_\_\_\_

Your child can receive the needed immunizations at **Morgan County Health Department**: phone-740-962-4572 (Immunization clinic day is Tuesday) or **your child's health care provider**.

**TO BE COMPLETED BY HEALTH CARE PROVIDER:**

Student Name: \_\_\_\_\_ received these immunizations today at \_\_\_\_\_ (Agency)

DPT: \_\_\_\_\_ Polio: \_\_\_\_\_ MMR: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_ Varicella: \_\_\_\_\_ Other: \_\_\_\_\_

HCP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Return this completed form to the School Nurse at this address: **Rhonda Smith, M.Ed., BSN, RN, LSN**  
**820 Junior Raider Drive**  
**McConnelsville, OH 43756**