

MEDICAL STATEMENT & IMMUNIZATION DATA School Year 20 ____ - 20 ____



CONCORD CAMPUS: 10229 PROUTY ROAD • CONCORD TOWNSHIP, OH 44077 • PHONE: 440.357.0918 • FAX: 440.357.9096 • EMAIL: CSHEPPARD@HERSHEY-MONTESSORLORG HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046 • PHONE: 440.636.6290 • FAX: 440.636.5665 • EMAIL: RDILL@HERSHEY-MONTESSORLORG

. has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to sch or has had the immunizations required by the Ohio Department of Health appropriate to his/her age; of is to be exempted from these requirements for medical or religious reasons. Immunization Record: Enter month/day/year of each immunization.		and have	found that he/she:		Student's Name	
Immunization Record: Enter month/day/year of each immunization. Immunization 1st 2nd 3rd 4th 5th 1. DTP The 5th DTP should be administered just prior to Extended Day (Kindergarten). 2. Tdap or Td Booster Tdap or Td: All students entering middle school / 7th grade are required to have Tdap or Td booster. 3. POLIO The 4th dose of polio is to be administered on or after the students 4th birthday. If the 4th dose was administered prior to the child's 4th birthday, a 5th dose will be required. 4. MMR Two doses of MMR are required before entry into Extended Day (Kindergarten) and also for students entering Middle School who have not yet had the required 2nd dose. 5. VARICELLA All students should have received two doses of the Varicella vaccine. 6. HIB	or has had the immunization	ns required by	the Ohio Departr	nent of Heal	th appropriate to hi	ission to schoo is/her age; or
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