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This is to certify that I have examined _____
on (Date) _____ and have found that he/she: *Student's Name*

1. has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health appropriate to his/her age; or _____ is to be exempted from these requirements for medical or religious reasons.

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					
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Tdap or Td: All students entering middle school / 7th grade are required to have Tdap or Td booster.

3. POLIO					
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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					
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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					
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All students should have received two doses of the Varicella vaccine.

6. HIB					
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7. HEPATITIS B					
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All students entering Extended Day should have received a three-dose series of the Hepatitis B.

8. MENINGOCOCCAL					
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One dose must be administered prior to 7th year. Two doses must be administered prior to 12th year.

2. is free from apparent communicable disease and is in suitable condition to attend school, based on his/her medical history and physical condition at the time of this examination.

Physician's Signature: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Parent Signature: _____
Child's Birth Date: _____