



Medical Statement and Immunization Data for 2018-2019

To be completed and signed by the student's physician. Must be signed by parent as well.

Child's Name: _____ Date of Birth: _____

This is to certify that I examined the above named child and have found he/she:

- 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, or reasons of conscience. (**Must fill out Immunization Exemption form (2A), in addition to this form**)
- The above named child 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.**

Immunization Record: Enter month/day/year of each immunization. (You may attach a physician's immunization record)

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| DTP | 1. | 2. | 3. | 4. | 5. |
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The 5th DTP should be administered just prior to Extended Day (Kindergarten).

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| 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.

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| POLIO | 1. | 2. | 3. | 4. | |
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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.

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| MMR | 1. | 2. | | | |
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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.

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| VARICELLA | 1. | | | | |
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All students entering Extended Day should have received two doses of the Varicella vaccine.

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| HIB | 1. | 2. | 3. | 4. | |
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| HEPATITIS B | 1. | 2. | 3. | | |
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All students entering Extended Day should have received a three-dose series of the Hepatitis B.

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| Meningococcal | | | | | |
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Recommended by the Centers for Disease Control and Prevention for all children at their routine pre-adolescent visit (11-12 years of age). However, it is not mandated. Additional information is available in a separate document, "Meningococcal Vaccines—What You Need to Know."

Physician's Name: _____ **Phone:** _____

Address: _____

Physician's Signature: _____ **Date of Exam:** _____

Parent Name: _____ **Parent Signature:** _____