

Ohio Department of Health School and Adolescent Health Immunization Report

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671). A copy of the child's immunization record may be attached or dates may be entered below. Please note the month, day and year for each immunization should be on record.

Vaccine	Record complete dates (month, day, year) of vaccine doses given
Diphtheria, Tetanus, Pertussis (DTap,DT, Tdap, Td)	5 doses required - 7th grade (Booster) Tdap
Polio	4 doses required
Hepatitis B (HBV)	3 doses required
Measles, Mumps, Rubella (MMR)	2 doses required
Varicella (Chicken pox)	2 doses required
Hepatitis A	
Meningococcal (MCV4)	7th grade (Booster) + 12th grade (Booster)
Pneumococcal (PCV)	
Measles (Rubeola) only	
Rubella only	
Mumps only	
Haemophilus influenza Type b (Hib)	
Influenza	
Other	

This information was provided by Health Care Provider Parent/Guardian Other _____

Signature	Print Name	Date / /
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