

Immunization Record

Date _____

Name: _____

School _____ Grade _____ Room No. _____

Ohio law (ORC 3313.671) requires immunizations against diphtheria, whooping cough, tetanus, polio, rubeola, rubella and mumps. In addition, students who entered kindergarten after the fall of 1999 are also required to be immunized against Hepatitis B.

	Dose # 1	Dose # 2	Dose # 3	Dose # 4	Dose # 5
DTP, Dtap, Td					
OPV, IPV					
MMR				Measles only	Mumps only
Hepatitis B					
Varicella					
Hib					

Tuberculosis

Date	Test	Results

According to our records your child still needs the above noted immunizations.

- _____ We have NO shot record on file. Please send it to school at this time.
- _____ This immunization is now due. Please take your child for this immunization at your earliest convenience.
- _____ This immunization is overdue and not in compliance with immunization requirements for school attendance.

If a proper immunization is not received at school by _____
You will need to temporarily keep your child at home until the requirements are met. Schools are required by law to exclude students from school if they do not meet immunization requirements.

PLEASE TAKE THIS LETTER WITH YOU TO YOUR DOCTOR OR CLINIC AND THEN SEND YOUR CHILD'S SHOT RECORD TO THE SCHOOL NURSE.

If you have any questions please call me at

_____ **MTWTHF** _____

