

KINDERGRTEEN, GRADES 1-4 PHYSICIAN'S FORM 2012-2013
QUEEN OF PEACE SCHOOL, 2550 MILLVILLE AVE., HAMILTON, OH 45013 863-8705
Ohio Department of health * School and Adolescent Health

Immunization Report

Students Name	Sex Male Female	Date of Birth / /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/33313.671)

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 (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
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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HEA 4241 8/06

Kindergarten, Grades 1-4 students are required to have:

- * 4 doses of DPT or DTaP. Those who received the 4th dose before their 4th birthday must receive 1 more dose
- * 3 doses of Polio vaccine. Those who received the 4th dose before their 4th birthday must receive 1 more dose.
- * 1 dose of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be administered on or after the 1st birthday. 2nd dose 28 days after 1st dose.
- * 3 doses of Hepatitis B vaccine.
- * 1 dose of Varicella vaccine(Chicken pox) or a signed statement from the student's physician, parent, or guardian stating the student had natural Chicken pox.

GRADES 5-8 PHYSICIAN'S FORM 2012-2013
QUEEN OF PEACE SCHOOL, 2550 MILLVILLE AVE., HAMILTON, OH 45013 863-8705
Ohio Department of health * School and Adolescent Health
Immunization Report

Students Name	Sex Male Female	Date of Birth / /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/33313.671)

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 (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
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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HEA 4241 8/06

Grades 5-8 students are required to have:

- * 4 doses of DPT or DTaP. Those who received the 4th dose before their 4th birthday must receive 1 more dose.
- * 3 doses of Polio vaccine. Those who received the 4th dose before their 4th birthday must receive 1 more dose.
- * 2 doses of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be administered on or after the 1st birthday. 2nd dose must be 28 days after 1st dose
- * 3 doses of Hepatitis B vaccine.