QUEEN OF PEACE SCHOOL - PRESCHOOL PHYSICIAN'S FORM 2012-2013

2550 MILLVILLE AVE., HAMILTON, OH 45013 863-8705

Ohio Department of health * School and Adolescent Health

Immunization Report

Date of Birth

			Male	Female	/	/
Students aare required to be iminized in accord A copy of the child's immunization record may					71)	
Please note the month, day, and year for each	immunization sh	nould be on red	cord			
Vaccine	Record comp	olete dates (r	nonth, day,	year) of vacc	ine doses giv	en
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 Heal	th Care Provide	r Paren	t Guardian _	Other		
Signature		Print Name			Date	

HEA 4241 8/06

Students Name

Preschool students are req;uired to have:

- * 4 doses of DPT or DTaP
- * 3 doses of Polio vaccine
- * 1 dose of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be adminisered on or after the 1st birthday
- * 3 doses of Hepatitis B vaccine.
- * 3 or 4 doses of HIB. Number of dosses will vary with the type of vaccine used.

KINDERGRTEN, GRADES 1-4 PHYSICIAN'S FORM 2012-2013

QUEEN OF PEACE SCHOOL, 2550 MILLVILLE AVE., HAMILTON, OH 45013 863-870

Ohio Department of health * School and Adolescent Health

Immunization Report

Sex

Date of Birth

			Male	Female	/	/	
Students aare required to be iminized in acc	cordance with Ohio	law (Ohio Rev	rised Code 331	13.67/33313.6	71)		
A copy of the child's immunization record m	nay be aattached or	dates may be	entered belov	ν,			
Please note the month, day, and year for ea	ich immunization sl	nould be on re	cord				
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				T	T	ı	
Haemophilus influenza Type b (Hib)							
Influenza							
Other							
This information was provided by H	ealth Care Provide	r Paren	t Guardian _	Other			
Signature	Print Nam				Date		

HEA 4241 8/06

Students Name

Kindergarten, Grades 1-4 students are req;uired to have:

- * 4 doses of DPT or DTaP. Those who received the 4th dose before their 4th birthday must receive 1 more dose
- * 3 dosses 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 adminisered 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, paarent, 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

Sex

Date of Birth

			Male	Female	/	/
Students care required to be iminimal in ac-	aardansa with Ohis	Jaw (Ohio Bo	isad Cada 221	12 67/22212 6	71\	
Students aare required to be iminized in acc					/1)	
A copy of the child's immunization record m	•	•		ν,		
Please note the month, day, and year for ea	ch immunization sr	nould be on red	cora			
Vaccine	Record comp	olete dates (r	nonth, day,	year) of vacc	ine doses giv	en
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 H	ealth Care Provide	r Paren	t Guardian _	Other		
Signature		Print Name			Date	

HEA 4241 8/06

Students Name

Grades 5-8 students are req;uired 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 adminisered on or after the 1st birthday. 2nd dose must be 28 days after 1st dose
- * 3 doses of Hepatitis B vaccine.