

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 / / |
|---------------|-------------------------|---------------------------|

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 / / |
|-----------|------------|------------------|

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 / / |
|---------------|-------------------------|------------------------|

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 / / |
|-----------|------------|---------------|

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.