

Immunization Summary for School Attendance Ohio

VACCINES	FALL 2015 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<u>K</u> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4 th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4 th birthday, a fifth (5) dose is not required.* <u>1-12</u> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up. <u>Grades 7-12</u> One (1) dose of Tdap vaccine must be administered prior to entry.**
POLIO	<u>K-5</u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.*** <u>Grades 6-12</u> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
MMR Measles, Mumps, Rubella	<u>K-12</u> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
HEP B Hepatitis B	<u>K-12</u> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	<u>K-5</u> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid. <u>Grade 6-9</u> One (1) dose of varicella vaccine must be administered on or after the first birthday.

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

* Recommended DTaP or DT minimum intervals for Kindergarten students: four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended, but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. For students in 11th or 12th grades, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. **DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.**

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**Immunization Summary for Child Care, Head Start, Pre-School and School Attendance
Ohio (continued)**

VACCINES	<p align="center"><i>FALL 2014</i> IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE-SCHOOL ATTENDANCE</p>
DTaP/DT Diphtheria, Tetanus, Pertussis	Four (4) doses of DTaP or DT, or any combination.
POLIO	Three (3) doses of OPV or IPV or any combination of OPV or IPV.
MMR Measles, Mumps, Rubella	One (1) dose of MMR administered on or after the first birthday.
Hib Haemophilus Influenzae Type b	Three (3) or four (4) doses depending on the vaccine type, the age when the child began the 1 st dose and the last dose must be after 12 months. or One (1) dose if given on or after 15 months of age.
HEP B Hepatitis B	Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	1 dose of Varicella administered on or after the first birthday.

Notes:

- Vaccine doses are only considered valid if administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Click on "I" and then "Immunization" and then "Required Vaccines for Childcare and School"). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

MEDICAL, RELIGIOUS, OR PHILOSOPHICAL EXEMPTION FORM

Ohio Revised Code, Sections 3313.67 and 3313.671

Sec. 3313.671, part (3): A pupil who presents a written statement by his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Sec. 3313.671, part (4): A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease.

This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, Pertussis, tetanus and varicella of the pupils under its jurisdiction.

I, the parent or guardian of the below named child, hereby object to the immunization(s) listed for the following reasons: (Please list immunizations objected to and reasons.)

I further understand that during the course of an outbreak of any of the afore-mentioned vaccine-preventable diseases, that the child named here is subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Student _____

Parent Signature _____ Date _____

Address _____ Tel _____

City/State/Zip _____

Physician's Signature _____ Date _____

* This document is to be completed annually.