



Student Immunization Record

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate / /	Grade
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.671). A copy of the immunization record may be attached or dates may be entered below. The month, day, and year for each immunization should be recorded. **Immunizations which are mandated for school entrance are in bold type.**

Diphtheria, Tetanus, Pertussis (DTP)	/ /	/ /	/ /	/ /	/ /	/ /
DTaP, Tdap	/ /	/ /	/ /	/ /	/ /	/ /
DT, Td	/ /	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /	/ /
Hepatitis B (HBV)	/ /	/ /	/ /			
Measles, Mumps, Rubella (MMR)	/ /	/ /				
Varicella (Chicken Pox)	/ /	/ /				
Hepatitis A	/ /	/ /				
Meningococcal (MCV4, MPSV4)	/ /	/ /				
Pneumococcal (PCV)	/ /	/ /				
Measles (Rubeola) only	/ /	/ /				
Rubella only	/ /	/ /				
Mumps only	/ /	/ /				
Haemophilus influenza Type B (Hib) (required for preschool)	/ /	/ /	/ /	/ /	/ /	/ /
Influenza	/ /	/ /	/ /	/ /	/ /	/ /
Other	/ /	/ /	/ /	/ /	/ /	/ /

TB test (Mantoux) – All students entering or re-entering the school district from outside the United States need a Mantoux TB test.

Date of Mantoux TB test: / /	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
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This information was provided by: Health care provider Parent/guardian Other _____

Signature	Print Name	Date
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