

WEST GEAUGA LOCAL SCHOOL DISTRICT

8615 Cedar Road – Chesterland, OH 44026

IMMUNIZATION FORM**2011-2012****Fax: High School – 440-729-5959 / Middle School – 440-729-5909 / Lindsey – 440-729-5989 / Westwood - 440-729-5924**

Student's Name: _____

Date of Birth: _____

 Male Female

Grade entering at Enrollment ____

Ohio Law allows a 14-school day period for you to provide a record of your child's immunizations. This record must be completed by your child's doctor or the health department. Students transferring from another school must provide documentation of immunizations within 14 days of their first day of school at West Geauga Local Schools.

Tuberculin testing is required for those students entering from some foreign countries. Please check with your school nurse or the health department in Columbus to see if your child needs a TB test when he/she is entering school from another country.

<u>Vaccine</u>	<u>Doses</u>	<u>Important Notes</u>
DTaP – DTP – DT (pediatric)	5.....	Kindergarten – 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4 th birthday; Grade 7 and 8 – One dose of Tdap or Td vaccine must be administered prior to entry into 7 th grade; Grades 1-12 (with the exception of grade 7 and 8) – 3 to 5 doses of DTaP, DTP, DT or Td or any combination. <i>Note: A student who is age 7 or older and who received Td or Tdap vaccine as the third part of the immunization series, shall not be required to receive further doses of diphtheria, tetanus, or pertussis vaccine. If the 4th dose was given prior to the 4th birthday a fifth dose is required.</i>
Polio Vaccine.....	4.....	K-12 – 4 doses of OPV or IPV, the final dose must be administered on or after the 4 th birthday. <i>Note: 4 doses if a combination of OPV or IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4th birthday. Students enrolled in school on or after the 1999-2000 school year should have received a total of four doses of polio vaccine. Students enrolled prior to the 1999-2000 school year are required to have a minimum of 3 doses.</i>
Hepatitis B Vaccine	3.....	K-12 – 3 doses. <i>Note: 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.</i>
MMR.....	2.....	K-12
Varicella.....	2.....	Kindergarten-first
Varicella.....	1.....	Grades 2-5

MONTH, DAY AND YEAR ARE REQUIRED ON ALL IMMUNIZATIONS

	DATE	DATE	DATE	DATE	DATE
DPT					
TD, Tdap					
Polio Sabin					
MMR					
HIB					
HEP A					
HEP B					
Varicella					

Tuberculin Testing Date: _____ Test _____ Result: _____

Physician Printed Name_____
Physician Signature_____
Date_____
Physician Address_____
Phone