

**Ohio Department of Health • School and Adolescent Health**  
**Immunization Report**

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).  
 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					
X Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
X Polio						
X Hepatitis B (HBV)						
X Measles, Mumps, Rubella (MMR)						
X Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
Pneumococcal (PCV)						
Measles (Rubeola) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Influenza						
Other						

The immunizations marked with an X are required for admission to Kindergarten for the 16-17 school year. The following are needed:  
 DTP -5 needed  
 Polio- 4 needed  
 Hep. B- 3 needed  
 MMR- 2 needed  
 Chickenpox- 2 needed  
 This form must be completed by a physician.

This information was provided by  Health Care Provider    Parent/Guardian    Other \_\_\_\_\_

Signature	Print name	Date / /
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