

RIVERSIDE DISTRICT IMMUNIZATION NOTICE

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ DATE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**DEAR PARENT**, the State of Ohio Immunization Law requires that all students must be adequately immunized. Please return this form with written evidence of compliance from your physician/health care provider.

**A. IMMUNIZATIONS**

**MINIMUM REQUIRED**

\_\_\_\_\_ DTaP/DT

**K-12** Four or more doses of DTaP or DT, or any combination. If all four doses were given before the fourth birthday, a fifth dose is required.

**Must state month/day/year: DTaP/DT:** \_\_\_\_\_

\_\_\_\_\_ Tdap

**Grades 7-12** require one (1) dose of Tdap vaccine prior to entry (after 10<sup>th</sup> birthday).

**Must state month/date/year: (Tdap):** \_\_\_\_\_

(Diphtheria, Tetanus, Pertussis)

----- POLIO VACCINE

**K-12** Three (3) or more doses of IPV. Final dose must be on or after the 4<sup>th</sup> birthday regardless of the number of previous doses and 6 months after previous dose. If a combination of OPV and IPV was received, Four doses of either vaccine are required.

**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ MMR

(measles, mumps, rubella)

**K-12** Minimum of two doses required, administered on or after the first birthday.

The second dose at least 28 days after the first dose.

**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ HEPATITIS B

**K-12** Three (3) doses of Hepatitis B. The 2<sup>nd</sup> dose must be 28 days after 1<sup>st</sup> dose. The 3<sup>rd</sup> dose must be at least 16 weeks after 1<sup>st</sup> dose and at least 8 weeks after 2<sup>nd</sup> dose. The last dose must not be given before age 24 weeks.

**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ Varicella

**K-12** Two (2) doses of varicella vaccine must be administered prior to entry. 1st dose must be on or after First birthday. 2<sup>nd</sup> dose must be at least three (3) months after dose one (1); however, if the second dose is at least 28 days after first dose, it is considered valid.

**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ MCV4  
Meningococcal

**Grade 7-11** One(1) dose of meningococcal (serogroup A,C,W, and Y) vaccine must be administered prior to entry.

**Grade 12** Two (2) doses of meningococcal (serogroup A,C,W, and Y) vaccine must be administered prior to entry. NOTE: If first dose of MCV4 was received on or after the student's 16th birthday, a second is NOT required. **Must state month/date/year:** \_\_\_\_\_

**B. DATE** \_\_\_\_\_

**PHYSICIAN/HEALTH CARE PROVIDER SIGNATURE** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

**C. IMMUNIZATIONS:** Are available from your private physician/health care provider or can be obtained from the Lake County Department via appointment. Their number is 440-350-2554. **TAKE THIS FORM WITH YOU.** Exceptions to immunization requirements include pupils who present a written statement that immunization is objectionable for religious reasons or other reasons of "good cause." Similarly, a pupil is exempt if he/she presents a physician's statement that immunization against a particular disease (or all diseases) "is medically contraindicated."

SCHOOL NURSE/AIDE \_\_\_\_\_ PRINCIPAL \_\_\_\_\_