

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

## 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**

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

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

Signature	Print name	Date /      /
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