

Immunization Summary for Child Care, Head Start, Pre-School & School Attendance

VACCINES	<i>FALL 2010</i> IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE- SCHOOL ATTENDANCE	<i>FALL 2010</i> IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DTP/DT /Td Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP, or DT or any combination.	Kindergarten 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4 th birthday Grades 1-12 * 3-4 doses of DTaP, DTP, DT or Td or any combination. Grade 7 1 dose of Tdap or Td vaccine must be administered prior to entry
POLIO	3 doses of OPV or IPV or any combination of OPV or IPV.	Kindergarten 4 doses of any combination of OPV or IPV, the final dose must be administered on or after the 4 th birthday regardless of the number of previous doses. Grades 1-12 ** 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 4 th birthday.
MMR Measles, Mumps, Rubella	1 dose of MMR administered on or after the first birthday	K-12 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
Hib <i>Haemophilus Influenzae</i> Type b	3 or 4 doses depending on the vaccine type, the age when the child began the 1 st dose and the last dose must be after 12 months or 1 dose if given on or after 15 months of age	None
HEP B Hepatitis B	3 doses of Hepatitis B	K-11 3 doses of Hepatitis B. 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.
Varicella (Chickenpox)	None	Kindergarten 2 doses of varicella vaccine must be administered prior to entry. Grade 1-4 1 dose of varicella vaccine must be administered on or after the first birthday

*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.

**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 year are required to have a minimum of 3 doses.

NOTES:

- The 4 day "grace" period applies to all age and interval minimums. If MMR and varicella have not been given on the same day they must be separated by 28 days with no grace period.
- The Hepatitis B, Tdap and Varicella requirements will be progressive.
- Only full doses of vaccine using proper intervals shall be counted as valid doses.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance. These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

Immunizations for Students:

Proof of a minimum of 1 MMR, 1TD and 1Polio is required prior to enrollment. Additionally, within 14 days of enrollment immunizations must be current and updated. Vaccines given as a series and in process must be completed when due. Proof of all immunizations need to be brought to the school upon completion. I understand my responsibility, and in signing this form grant permission for school personnel to request my child's immunizations record from a Health Care Provider.

Parent Signature: _____ Date _____

Health Care Provider Name _____

Phone Number _____

FOREIGN STUDENT POLICY

Student tuberculosis requirements:

New students enrolling in the Groveport Madison Local Schools from foreign countries including students from foreign countries who have been living in the United States and United States citizens who have lived in a foreign country for over **THREE MONTHS**, must show evidence of a tuberculosis skin test (given in the united states in the last 12 months) prior to school enrollment. If the tuberculosis test is positive, then a negative chest X-Ray, obtained in the United States, and read specifically for tuberculosis with the past 12 months, is required.

- 1.) If the skin test meets the criteria above and is negative, proceed with enrollment.
- 2.) If the skin test is positive and the x-ray (read for TB) is negative, proceed with enrollment.
- 3.) If the skin test is positive and the student is pregnant, student is referred to the Columbus Health Dept. where student is evaluated and may be cleared after a chest x-ray can be done at 5 or 6 months of pregnancy.
- 4.) If the chest x-ray is positive, inform the Columbus TB Clinic at 645-2199, 645-8370 and the school nurse. The student may not enroll until cleared by the Columbus Health Dept.
- 5.) If the student is excluded from school due to any other tuberculosis related issue, the student may be referred to the Columbus Health Dept. TB Clinic and with written permission from the TB Clinic might be enrolled in school.

Immunizations for Foreign Students

Proof of a minimum of 1 MMR, 1 TD and 1 Polio is required prior to enrollment. Additionally, within 14 days of enrollment immunizations must be current and updated. Vaccines given as a series and in process must be completed when due. Proof of all immunizations need to be brought to the school upon completion

Parent Signature _____ Date _____

TB Required Yes _____ No _____

Date of TB _____

TB Results _____

Copy of results enclosed Yes _____ No _____