

# BIG WALNUT LOCAL SCHOOL DISTRICT

## MEDICAL AND IMMUNIZATION RECORD

ALL CHILDREN ENTERING KINDERGARTEN OR FIRST GRADE ARE REQUIRED TO HAVE A MEDICAL EXAMINATION AND REQUIRED IMMUNIZATIONS. (This information is confidential and becomes a part of the pupil's cumulative school record.)

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL APPEARANCE \_\_\_\_\_

<p><b>IMMUNIZATION REQUIREMENTS*</b> (LIST Month/Day/Year)</p> <p>DTaP/DTP/DT (1) _____ (2) _____ (3) _____ (4) _____ (5) _____</p> <p>POLIO VACCINE OPV/IPV (1) _____ (2) _____ (3) _____ (4) _____</p> <p>MMR (Measles, Mumps, Rubella) (1) _____ (2) _____</p> <p>HEPATITIS B (1) _____ (2) _____ (3) _____</p> <p>VARICELLA (Chickenpox) (1) _____ (2) _____</p> <p><b>OPTION IMMUNIZATIONS</b></p> <p>HIB (1) _____ (2) _____ (3) _____ (4) _____</p> <p><b>PAST HISTORY (Please check all that apply):</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Asthma _____</td> <td style="width: 50%;">Mumps _____</td> </tr> <tr> <td>Chickenpox _____</td> <td>Meningitis _____</td> </tr> <tr> <td>Diabetes _____</td> <td>Nephritis _____</td> </tr> <tr> <td>Encephalitis _____</td> <td>Scarlet Fever _____</td> </tr> <tr> <td>Epilepsy _____</td> <td>Tonsillitis _____</td> </tr> <tr> <td>Measles _____</td> <td>T.B. Contact _____</td> </tr> <tr> <td>Rubeola _____</td> <td>Whooping Cough _____</td> </tr> <tr> <td>Rubella _____</td> <td></td> </tr> </table> <p>Other Serious Illness: _____ _____ _____</p>	Asthma _____	Mumps _____	Chickenpox _____	Meningitis _____	Diabetes _____	Nephritis _____	Encephalitis _____	Scarlet Fever _____	Epilepsy _____	Tonsillitis _____	Measles _____	T.B. Contact _____	Rubeola _____	Whooping Cough _____	Rubella _____		<p><b>PHYSICAL EXAMINATION</b></p> <p>DATE EXAMINED: _____</p> <p>HEIGHT: _____ WEIGHT: _____</p> <p>EYES: _____ VISUAL ACUITY: _____</p> <p>EARS: _____ HEARING ACUITY: _____</p> <p>NOSE: _____ THROAT (Tonsils): _____</p> <p>MOUTH (Teeth &amp; Muc. Memb.): _____</p> <p>NECK (Lymph Nodes &amp; Thyroid): _____</p> <p>HEART: _____</p> <p>LUNGS: _____</p> <p>ABDOMEN: _____</p> <p>GENTALIA: _____ HERNIA: _____</p> <p>EXTREMITIES: _____</p> <p>NERVOUS SYSTEM: _____</p> <p>SPEECH: _____</p> <p>URINALYSIS (If indicated): _____</p> <p>HEMOGLOBIN (If indicated): _____</p> <p>RECOMMENDATION FOR PHYSICAL ACTIVITY: FULL: _____ RESTRICTED: _____ NONE: _____</p> <p>REMARKS: _____ _____ _____</p>
Asthma _____	Mumps _____																
Chickenpox _____	Meningitis _____																
Diabetes _____	Nephritis _____																
Encephalitis _____	Scarlet Fever _____																
Epilepsy _____	Tonsillitis _____																
Measles _____	T.B. Contact _____																
Rubeola _____	Whooping Cough _____																
Rubella _____																	

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

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S PRINTED NAME: \_\_\_\_\_

PHYSICIAN'S PRINTED ADDRESS: \_\_\_\_\_

Pupils enrolled in Pre-School through grade 12 are required to have WRITTEN PROOF ON FILE at their public or nonpublic school that they have been immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps and rubella, and haemophilus influenza b (HIB) as well as Hepatitis B. HIB vaccines is required for Day Care, Pre-School and Head Start children only as set forth in Section 3301.53(A)(4) and 3313.671 of the Ohio Revised Code. Pupils who are not in compliance are to be excluded from school attendance NO LATER THAN FOURTEEN DAYS after admission.

Vaccines	Fall 2010 Immunization Requirements for Child Care/Head Start and Pre-Schools	Fall 2010 Immunization Requirements for School
<b>DTaP/DTP/DT</b> Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP or DT or any combination.	<b>Kindergarteners</b> 5 doses of DTaP, DTP or DT, or any combination, if the 4th dose was administered prior to the 4th birthday.  <b>Grades 1-12</b> 3-4 doses of DTaP, DTP, DT or Td or any combination.  <b>Grade 7</b> 1 dose of Tdap or Td vaccine must be administered prior to entry.
<b>Polio</b>	3 doses of OPV or IPV or any combination of OPV or IPV.	<b>K-12</b> 4 doses if a combination of OPV or IPV, the final dose must be administered on or after the 4 <sup>th</sup> birthday regardless of the number of previous doses.  <b>Grades 1-12*</b> 4 doses if a combination of OPV or IPV was administered. 4 dose of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4 <sup>th</sup> birthday.
<b>MMR</b> Measles, Mumps, Rubella	1 dose of MMR administered on or after the 1st birthday.	<b>K-12</b> 2 doses of MMR. Dose 1 must be administered on or after the 1st birthday. The 2nd dose must be administered at least 28 days after dose 1.
<b>Hib</b> Haemophilus Influenza Type b	3 or 4 doses depending on the vaccine type and the age when the child began the 1st dose and the last dose is after 12 months or 1 dose if given on or after 15 months of age.	<b>None</b>
<b>HEP B</b> <b>Hepatitis B</b>	3 doses of hepatitis B	<b>K-11</b> 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.
<b>Varicella</b> (Chickenpox)	<b>None</b>	<b>Kindergarten</b> 2 doses of Varicella vaccine must be administered prior to entry.  <b>Grade 1-4</b> 1 dose of Varicella vaccine must be administered on or after the first 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 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 at least 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.

The schools have been directed by the Ohio Department of Health and the Ohio Department of Education to exclude from school those students not in compliance with these minimum requirements. Unless this matter is resolved within fourteen (14) days your child will be excluded from school as of that date. If you care to discuss your child's immunization needs or if you need help in obtaining immunizations, please contact the Delaware City-County Health Department at (740) 368-1700.