

RIVERSIDE LOCAL SCHOOL DISTRICT
2023 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

_____ **DTP/DTaP/DT/TD/Tdap**
(Diphtheria, Tetanus, Pertussis)

K Five doses required for Kindergarten if the fourth dose was administered before 4th birthday.
Grades 1-12 require 4 doses of DTaP, DTP, DT, or Td or any combination.
Grades 7-12 require one (1) dose of Tdap vaccine prior to entry.
Must state month/date/year: **DTap :** _____
Must state month/date/year: **(Tdap):** _____

----- **POLIO VACCINE**

K-12 Three (3) or more doses of IPV. Final dose must be on or **after** the 4th birthday regardless of the number of previous doses. 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 2nd dose must be 28 days after 1st dose. The 3rd dose must be at least 16 weeks after 1st dose and at least 8 weeks after 2nd 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. 2nd 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 _____