

Royal Redeemer Lutheran School  
 11680 Royalton Road  
 North Royalton, Ohio 44133  
 440.237.7988  
 school@royred.org

## CHILD'S MEDICAL STATEMENT

Child's Name (print or type)	Date of Birth
Parent's Name	Teacher/Class

**A. This is to certify that I have examined this child and have found that:**

- 1) This child has had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or, has had the immunizations required by the state Department of Health for infants and toddlers, or is to be exempted from these requirements for medical reasons. Please see the back of this form for the outline from the State of Ohio.

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
DTaP or DT (Diphtheria, Tetanus, Pertussis)					
Tdap 7 <sup>th</sup> grade					
Polio					
MMR (Measles, Mumps, Rebella)					
Hep B (Hepatitis B)					
Varicella (Chickenpox)					
MCV4 (Meningococcal -7 <sup>th</sup> )					

- 2) Based upon medical history and physical condition at the time of this visit, this child is in suitable condition for participation in school activities.
- 3) List any limitations or health conditions (including allergies, medications, and dietary restrictions).

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<b>Recommended Assessments/Screenings:</b>
<b>Vision</b>
<b>Hearing</b>
<b>Dental</b>
<b>Height</b>
<b>Weight</b>

**\*Required fields completed by Physician:**

*Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
*Name of Physician/Physician Asst./Advance Practice Nurse (please print)	Telephone Number
Street Address	
City, State, and Zip Code	Date of Exam

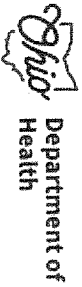
# Ohio Immunization Summary for School Attendance, 2024-2025

Vaccine/Grade	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Diphtheria, Tetanus, Pertussis						4 or more doses							
Hep B						3 or more doses							
Hepatitis B						3 or more doses							
MMR						2 doses							
Measles, Mumps, Rubella						2 doses							
Polio						3 or more doses							
Varicella (Chickenpox)						2 doses							
Tdap													1 dose
Tetanus, Diphtheria, Pertussis													1 dose
MenACWY												1st dose	2nd dose

## Important Notes:

- Vaccine should be administered according to the most recent version of the **Recommended Child and Adolescent Immunization Schedule** for ages 18 years or younger or the **Adult Immunization Schedule** for persons aged 19 or older. **Parents should start their child's immunizations as early as possible, as recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.**
- Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when age appropriate.
- If MMR and varicella are **not** given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information, please refer to the **Ohio Revised Code 3313.07** and **3313.072** and the **Ohio Department of Health (ODH) Director's Advisory Letter** regarding school immunization requirements, recommended vaccines, and exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at **800-282-0546** or **614-466-4643** with questions.

Last updated 11/2023



Department of Health

## Ohio School Immunization Requirement Details

Diphtheria, Tetanus, Pertussis	<b>Grades K-12</b> Four or more doses of DTaP or DT vaccine, or any combination. If all four doses were given before the fourth birthday, a fifth dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required.
Hep B	<b>Grades K-12</b> Three doses of hepatitis B vaccine. 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 eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.
MMR	<b>Grades K-12</b> Two doses of MMR vaccine. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.
Measles, Mumps, Rubella	<b>Grades K-12</b> Three or more doses of IPV vaccine. The final dose must be administered on or after the fourth birthday with at least six months between the final and previous dose, regardless of the number of previous doses. If any combination of IPV and OPV was received, four doses of either vaccine are required. Only trivalent OPV (iOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should not be counted.
Varicella (Chickenpox)	<b>Grades K-12</b> Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.
Tdap	<b>Grades 7-12</b> One dose of Tdap vaccine must be administered on or after the tenth birthday. Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine.
Tetanus, Diphtheria, Pertussis	<b>Grades 7-11</b> One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the 10 <sup>th</sup> birthday.
MenACWY	<b>Grade 12</b> Two doses of meningococcal (serogroup A, C, W, and Y) vaccine. Second dose on or after age 16 years. If the first dose was given on or after the 16th birthday, only one dose is required.