

Ohio Department of Health  
**School and Adolescent Health**  
**Immunization Report**

|                |   |               |
|----------------|---|---------------|
| Student's Name | Sex   | Date of Birth |
|                | <input type="checkbox"/> Male <input type="checkbox"/> Female | / /           |

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 (DTap,DT, Tdap, Td) |   |
| Polio  |   |
| Hepatitis B (HBV)                                  |   |
| Measles, Mumps, Rubella (MMR)                      |   |
| Varicella (Chicken pox)                            |   |
| Hepatitis A  |   |
| Meningococcal (MCV4)                               |   |
| 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 |
|           |            | / /  |