MENTOR CHRISTIAN SCHOOL
IMMUNIZATION REQUIREMENTS
(Please return form to school upon completion)

Child's Name_____ Date of Birth_____
Address_____ Phone Number_____
Parent's or Guardian's Name_____
Address_____ Physician_____

*Unless otherwise exempt, the OHIO STATE IMMUNIZATION LAW requires that all students entering school for the first time in Ohio in August 2010, shall be immunized as follows:

1. Poliomyelitis (OPV, IPV)
2. Diphtheria, Pertussis, Tetanus (DPT)
3. Measles, Mumps, Rubella (MMR)
4. Hepatitis B Vaccine
5. Varicella (Chicken Pox) for K 2010
6. Meningococcal (MCV4)

REPORT OF IMMUNIZATIONS PUPIL HAS PREVIOUSLY RECEIVED

POLIOMYELITIS (OPV,IPV)

	Month	Day	Year
1st dose	____	____	____
2nd dose	____	____	____
3rd dose	____	____	____

POLIO BOOSTER _____ Date
(Required if 3rd dose was received prior to age 4)

DIPHTHERIA, PERTUSSIS, TETANUS (DPT)

	Month	Day	Year
1st injection	____	____	____
2nd injection	____	____	____
3rd injection	____	____	____
4th injection	____	____	____

BOOSTER _____ Date
(Required if 4th dose was received prior to age 4)

MEASLES, MUMPS, RUBELLA (MMR)

	Month	Day	Year
1st injection (after age 1)	____	____	____
2nd injection (at least 28 days after 1st dose but before K)	____	____	____

HEPATITIS B VACCINE

	Month	Day	Year
1st injection	____	____	____
2nd injection (at least 28 days after 1st dose)	____	____	____
3rd injection (at least 2 mo. after 2nd dose & at least 4 mo. after 1st dose & at least 6 mo. of age)	____	____	____

VARICELLA (Chicken Pox) VACCINE

	Month	Day	Year
1st injection	____	____	____
2nd injection (required for K 2010 and following)	____	____	____

MENINGOCOCCAL(MCV4)

(grades 7-10 (1) dose)	Month	Day	Year
1st dose	____	____	____
(Grade 12 (2) doses)			
1st dose	____	____	____
2nd dose	____	____	____

_____ _____
Parent, Guardian, or Physician's Signature Date

*Exceptions include pupils who present a wavier because of religious reasons or other reasons of "good cause" or pupils who present a written statement from their physician for a reason that is "medically contraindicated."

Updated 2.26.19