

**To:** Parents of Kindergartners in Fall 2016  
**Date:** May 26, 2016  
**Re:** Vaccination Requirements for Kindergarten Students Entry

The Ohio Department of Health under Ohio Revised Code 3317.67 states that Kindergarten students are required to have updated immunizations prior to entry into Kindergarten.

- **DPT/DTAP:** 5 doses- if the 4<sup>th</sup> dose was given after the 4<sup>th</sup> birthday, the 5<sup>th</sup> dose is not required.
- **Polio:** 4 doses – the final dose is required to be given after the 4<sup>th</sup> birthday regardless of number of previous doses.
- **MMR:** 2 doses on or after the 1<sup>st</sup> birthday, at least 1 month apart.
- **Hepatitis B:** 3 doses - the 3<sup>rd</sup> dose must not be given before 24 weeks of age, or it must be repeated.
- **Varicella** (Chicken pox): 2 doses - on or after the 1<sup>st</sup> birthday, at least 3 months apart or physician documentation of date of disease.

*For a complete listing of the immunization requirements, view the attached Ohio Department of Health (ODH) Immunization Summary.*

You may obtain this vaccine from your private physician or other community providers. In order to receive this vaccine from the Lorain County General Health District, make an immunization appointment by calling 440-284-3206.

Upon receipt of this vaccine, please have your physician/provider complete and submit the bottom of this letter or a current copy of your child's immunization record. Please contact an immunization nurse at the Lorain County General Health District if you have any additional questions regarding these updates or your child's immunization record at (440) 322-6367.

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Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Provider's Stamp/Name, Address, Phone**

- DPT/DTAP- dose#: \_\_\_\_\_ / date: \_\_\_\_\_
- Polio-dose#: \_\_\_\_\_ /date: \_\_\_\_\_
- MMR-dose#: \_\_\_\_\_ /date: \_\_\_\_\_
- Hepatitis B- dose# \_\_\_\_\_ /date: \_\_\_\_\_
- Varicella (chicken pox)-dose# \_\_\_\_\_ /date: \_\_\_\_\_
- Other: \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_

**Proof of immunization is due back to the school by **September 5, 2016.****

Students without proof are subject to exclusion from school unless other arrangements are made.