

Child's Name: _____

Birth date: _____

WEST SIDE MONTESSORI CENTER

McCord Campus
2105 N. McCord Rd.
Toledo, OH 43615
Phone: (419) 866-1931
Fax: (419) 866-4310

Perrysburg Campus
13587 Roachton Rd.
Perrysburg, OH 43551
Phone: (419) 874-9385
Fax: (419) 872-5035

PHYSICIAN'S REPORT

Students are required to be immunized in accordance with Ohio law (ORC 3313.671 Rule #3301-37-05A) and records must be on file with the school no later than the first day of school or the child will be excluded. 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 must be recorded.

IMMUNIZATIONS					
	DATE	DATE	DATE	DATE	DATE
DPT/DTaP/DT					
OPV/IPV					
MMR					
Hib					
Td (Tetanus)					
Hepatitis B					
Varivax					
Influenza					
	DATE	TEST	RESULT		
Tuberculin					

Please see the back of this form or call your child's physician if you have any questions about when immunizations should be given. Students cannot attend school if their immunizations are not up to date, as mandated by the State of Ohio.

Date of Examination: _____

Physician's Signature: _____

To comply with Ohio State Law, all students who are ages **13 months through pre-primary need to have physical examinations annually**. New students to West Side Montessori Center in grades 1-8 need to have a current Physician's Report on file.

Parents please READ the following if your child will be in kindergarten.

KINDERGARTEN ENTRANCE VERIFICATION

In addition to a physical examination, all immunizations including booster shots must be current prior to kindergarten entry.

All students enrolled for their kindergarten year at West Side Montessori Center must have birth date verification on file. State law requires that children be five (5) by September 30th in order to enter kindergarten. You must bring your child's birth certificate (or a photocopy) to the office for the student file prior to the first day of school.

PHYSICAL ASSESSMENT:
Check one: <input type="checkbox"/> Entirely within normal limits <input type="checkbox"/> Allergies and history of medical illnesses <input type="checkbox"/> Abnormalities as follows:
VISION SCREENING:
Check one: <input type="checkbox"/> Entirely within normal limits <input type="checkbox"/> Screening not done <input type="checkbox"/> Abnormalities as follows:
HEARING SCREENING:
Check one: <input type="checkbox"/> Entirely within normal limits <input type="checkbox"/> Screening not done <input type="checkbox"/> Abnormalities as follows:

Ohio Law *requires* that children attending pre-school and child care be immunized as follows:
(Ohio Revised Code 3313.67 and Ohio Administrative Code 5101:2-12-37)

VACCINES	IMMUNIZATION REQUIREMENTS FOR PRE-SCHOOL/CHILDCARE	IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DTP/DT/Tdap/Td Diphtheria, Tetanus, Pertussis	4 doses of DTaP, DTP, or DT or any combination.	Kindergarten 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4th birthday Grades 1-12 3-4 doses of DTaP, DTP, DT or Td or any combination. Grades 7-8 1 dose of Tdap or Td vaccine must be administered prior to entry.
POLIO	3 doses of OPV or IPV or any combination of OPV or IPV.	K-1 3 or 4 doses of IPV, the final dose must be administered on or after the 4th birthday regardless of the number of previous doses; 4 doses if a combination of OPV and IPV was administered. Grades 2-12 4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of Either vaccine was administered prior to the 4 th birthday.
MMR Measles, Mumps, Rubella	1 dose of MMR administered on or after the first birthday	K-12 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
Hib <i>Haemophilus Influenzae</i> Type b	3 or 4 doses depending on the vaccine type, the age when the child began the 1st dose and the last dose must be after 12 months - or - 1 dose if given on or after 15 months of age	None
HEP B Hepatitis B	3 doses of Hepatitis B	K-11 3 doses of Hepatitis B. 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 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	None	K-1 2 doses of varicella vaccine must be administered prior to entry. Grade 2-5 1 dose of varicella vaccine must be administered on or after the first birthday

** Students enrolled in school on or after the 1999-2000 school year should have received a total of four doses of polio vaccine. Students enrolled prior to the 1999-2000 year are required to have a minimum of 3 doses.

NOTES:

- The 4 day “grace” period applies to all age and interval minimums. If MMR and Varicella have not been given on the same day they must be separated by at least 28 days with no grace period.
- If immunizations are waived by parents, an Immunization Waiver Form signed by the parent(s) or guardian(s) must be on file in the school office.
- The Hepatitis B, Tdap and Varicella requirements will be progressive.
- Only full doses of vaccine using proper intervals shall be counted as valid doses.