

Immunization Referral Letter



**BISHOP WATTERSON
HIGH SCHOOL**
Exemplary Catholic Education,
Rooted in Faith, Committed to Excellence

To the Parent/Guardian of: _____
School: _____

D.O.B. _____
Date: _____

OHIO LAW REQUIRES ALL STUDENTS TO HAVE A MINIMUM OF THE IMMUNIZATIONS LISTED BELOW TO ATTEND SCHOOL. A RECORD OF THESE IMMUNIZATIONS MUST BE ON FILE AT SCHOOL BY THE **14TH DAY AFTER THE STUDENT BEGINS SCHOOL OR THE STUDENT WILL BE EXCLUDED FROM SCHOOL UNTIL DOCUMENTATION IS RECEIVED.**

- We have **NO** shot record on file. Please send it to school at this time.
- Immunization(s) **due now**. Please take your child as soon as possible to receive the **IMMUNIZATIONS BELOW MARKED WITH AN "X"**. Please provide the attached immunization record to the health care provider. You **MUST** return an updated immunization record from the health care provider to the school nurse.

Written proof of the Immunizations checked below are due to the school nurse by: _____

- | | |
|---|---|
| <input type="checkbox"/> DTaP/DPT/DT/Td | <input type="checkbox"/> HEP-B |
| <input type="checkbox"/> Tdap (Booster) | <input type="checkbox"/> VARICELLA (Chicken Pox) |
| <input type="checkbox"/> POLIO | <input checked="" type="checkbox"/> MCV4 (Meningitis) |
| <input type="checkbox"/> MMR (combined) | <input type="checkbox"/> OTHER _____ |

VACCINES	FALL 2021 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, & Pertussis	<p>K: Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.</p> <p>Grades 1-12: Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p>Grades 7-12: One (1) dose of Tdap vaccine must be administered on or after 10th birthday.</p>
POLIO	<p>K-10: Three (3) or more doses of IPV. FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, 4 doses of either vaccine are required.</p> <p>Grades 11-12: Three (3) or more doses of IPV or OPV. If the 3rd dose of either series was given prior to the 4th birthday, a 4th dose is required; if a combination of OPV and IPV was given, 4 doses of either vaccine are required.</p>
MMR	<p>K-12: Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1). *To be counted, MMR and Varicella must be given on same day or 4 weeks apart</p>
HEP B Hepatitis B	<p>K-12: Three (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.</p>
Varicella (Chickenpox)	<p>K-10: Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p> <p>Grades 11-12: One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p>Grade 7-11: One (1) dose of MCV4 must be given prior to entry.</p> <p>Grade 12: Two (2) doses of MCV4 must be given prior to entry. If 1st dose was administered on or after the 16th birthday, a 2nd dose is not required.</p>

Reference: <http://www.odh.ohio.gov> – See Immunizations. If vaccines were not given at proper intervals additional doses may be needed to meet requirements. A 4 day grace period applies to all ages and interval minimums except 28-day intervals.

If you have any questions or need help obtaining health care, please call the school nurse.

Angela M. Spangler	<input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Tu <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F	614-268-8671	614-268-0551
Licensed School Nurse	Days in School	Phone	Fax