Madison Local School District
Student Medical Record
(To be completed by a licensed physician)

Child's Name: _____ Date of Birth: _____

Address: _____

EXAMINATION

Date: _____ Height: _____ Weight: _____

Eyes: _____ Vision – Right 20/_____ Vision – Left 20/_____

Ears: _____ Type of Hearing Test: _____ Right _____ Left _____
Referred to ear or eye specialist? No Yes

Nose: _____ Throat: _____ Mouth: _____
Teeth: _____ Is dental work indicated? No Yes

Posture: _____ Orthopedic: _____
Skin: _____ Nervous System: _____
Neck: _____ Lungs: _____
Heart: _____ Hernia: _____
Abdomen: _____ Urinalysis: _____
Genitalia: _____ General Condition: _____

Remarks & Recommendations: _____

_____

IMMUNIZATIONS
(include Month, Day & Year for each)

DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Polio 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR (Measles Mumps, Rubella) 1. _____ 2. _____ MMR Booster _____

Hepatitis B 1. _____ 2. _____ 3. _____ 4. _____

HIB 1. _____ 2. _____ 3. _____ 4. _____ (Pre School only)

Tuberculin Test _____ Results _____

Varicilla Vaccine (Chicken Pox) 1. _____ 2. _____
(Specify Vaccine and/or Disease Date)

Other Immunizations: _____
(Specify Dates and Types)

SCREENING TESTS – PRESCHOOL ONLY
These screenings are required by ODE Licensing Guidelines for Preschool Students.
Enter dates if done previously. Record results to assist with follow-up.

Hemoglobin Date: _____ Results: _____
Lead Date: _____ Results: _____

_____ _____
Physician's Signature Physician's Name (Please Type or Print)

_____ _____
Physician's Phone Number Physician's Address

Immunization Summary for School Attendance - Ohio

VACCINES	*FALL 2019* IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	**Kindergarten** 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. * **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. **Grades 7-12** One (1) dose of Tdap vaccine must be administered prior to entry. **
POLIO	**K-9** Three (3) or more doses of IPV. The 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, four (4) doses of either vaccine are required. *** **Grades 10-12** Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
MMR Measles, Mumps, Rubella	**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).
HEP B Hepatitis B	**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.
Varicella (Chickenpox)	**K-9** 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. **Grades 10-12** One (1) dose of varicella vaccine must be administered on or after the first birthday.
MCV4 Meningococcal	**Grades 7-10** One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. **Grade 12** Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at https://www.cdc.gov/vaccines/schedules/index.html.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
  - For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Immunization/Required-Vaccines-Child-Care-School/).

  These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

* Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.