

RIVERSIDE LOCAL SCHOOL DISTRICT  
IMPORTANT-IMMUNIZATION NOTICE

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**DEAR PARENT**, the State of Ohio Immunization Law requires that all students must be adequately immunized. Please return this form with written evidence of compliance from your physician/health care provider.

**A. IMMUNIZATIONS**                      **MINIMUM REQUIRED**

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**1) DTP/DTaP/DT/TD/Tdap**  
(Diphtheria, Tetanus, Pertussis)

**K** Five (5) doses required for Kindergarten if the fourth dose was administered before 4<sup>th</sup> birthday.  
**Grade 1-12** require four (4) doses of DTaP, DTP, DT, or Td or any combination.  
**Must state month/date/year:** \_\_\_\_\_

**Grade 7-12** require one (1) dose of Tdap vaccine prior to entry.  
**Must state month/date/year: Tdap** \_\_\_\_\_

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**2) POLIO VACCINE**

**K-12** Three (3) or more doses of IPV. Final dose must be on or after the 4<sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, Four doses of either vaccine are required.  
**Must state month/date/year:** \_\_\_\_\_

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**3) MMR**  
(measles, mumps, rubella)

**K-12** Minimum of two (2) doses required, administered on or after the 1<sup>st</sup> birthday. The second dose at least 28 days after the first dose.  
**Must state month/date/year:** \_\_\_\_\_

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**4) Hepatitis B**

**K-12** Three (3) doses of Hepatitis B. The 2<sup>nd</sup> dose must be 28 days after 1<sup>st</sup> dose. The 3<sup>rd</sup> dose must be at least 16 weeks after 1<sup>st</sup> dose and at least 8 weeks after 2<sup>nd</sup> dose. The last dose must not be given before age 24 weeks.  
**Must state month/date/year:** \_\_\_\_\_

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**5) Varicella**  
(Chicken Pox)

**K-10** Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the 1st birthday. The second dose should be at least three (3) months after dose one(1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.  
**Grade 11-12** One (1) dose of varicella vaccine must be administered on or after the first birthday  
**Must state month/day/year:** \_\_\_\_\_

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**6) MCV4**  
(Meningococcal)

**Grade 7-11** 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 unless first dose was given after age 16 years.  
**Must state month/day/year:** \_\_\_\_\_

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**B. DATE** \_\_\_\_\_ **PHYSICIAN/ HEALTH CARE PROVIDER SIGNATURE** \_\_\_\_\_  
**PARENT SIGNATURE** \_\_\_\_\_

**C. IMMUNIZATIONS:** Are available from your private physician/health care provider or can be obtained from the Lake County General Health District located at 5966 Heisley Rd, Mentor, OH 44060. Call (440) 350-2554 for an appointment.  
**TAKE THIS FORM WITH YOU.**

\*\*\*Exceptions to immunization requirements include pupils who present a written statement that immunization is objectionable for religious reasons or other reasons of "good cause". Similarly, a pupil is exempt if he/she presents a physician's statement that immunization against a particular disease (or all diseases) "is medically contraindicated".

SCHOOL NURSE/AIDE \_\_\_\_\_ PRINCIPAL \_\_\_\_\_