

Lakewood Catholic Academy

HEALTH QUESTIONNAIRE – CONFIDENTIAL

This form must be completed and returned to the school office. State Law requires immunizations. Children will be excluded from school if immunizations are not obtained by the 15th day of school.

Child's Name: _____ **Grade:** _____
Address: _____ **Home Phone #** _____
Child's Physician _____ **Phone #** _____
Child's Dentist: _____ **Phone #** _____
Date of Birth: _____ **Last School Attended** _____
Mother's Name: _____ **Work #** _____
Father's Name: _____ **Work #** _____

Health History: Please check YES or NO for the following. If Yes give dates.

	NO	YES	DATE		NO	YES	DATE
Chicken pox	_____	_____	_____	Meningitis	_____	_____	_____
Regular Measles	_____	_____	_____	Tubes in ears	_____	_____	_____
German Measles	_____	_____	_____	Strep Throat	_____	_____	_____
Mumps	_____	_____	_____	Heart Problems	_____	_____	_____
Whooping Cough	_____	_____	_____	Scoliosis	_____	_____	_____
Diphtheria	_____	_____	_____	Diabetes	_____	_____	_____
Rheumatic Fever	_____	_____	_____	Epilepsy	_____	_____	_____
Scarlet Fever	_____	_____	_____	Surgery	_____	_____	_____
Tuberculosis	_____	_____	_____	Fracture	_____	_____	_____
Polio	_____	_____	_____	Wears Glasses	_____	_____	_____
Asthma	_____	_____	_____	Hearing Problem	_____	_____	_____

Allergies: _____ **Medicines:** _____ **Foods:** _____

Immunization Record: Give complete dates (mo/day/yr) of the following immunizations

**** 4 REQUIRED BY STATE LAW**** DPT (Diphtheria, Pertussis (Whooping Cough), Tetanus *(A fifth dose may be required if received before 4th birthday)

1. _____ 2. _____ 3. _____ 4. _____ *5. _____

****3 REQUIRED BY STATE LAW**** OPV/IPV *(A fourth dose may be required if received before 4th birthday)

1. _____ 2. _____ 3. _____ *4. _____

****2 REQUIRED BY STATE LAW AFTER FIRST BIRTHDAY**** Measles, Mumps, Rubella (May be given as three separate injections) 1. _____ 2. _____

****3 REQUIRED BY STATE LAW**** 3 doses of Hepatitis B vaccine

1. _____ 2. _____ 3. _____

Chicken Pox Vaccine – Varicella

(2 required for Kdg.) 1. _____ 2. _____

(1 required for Grs. 1 - 4) 1. _____

HIB Vaccine (Preschool only) 1. _____ 2. _____ 3. _____

T.B. Skin Test Date: _____ Negative _____ Positive _____

Parent Signature: _____ Date _____

Immunization Summary for Child Care, Head Start, Pre-School and School Attendance

VACCINES	FALL 2011 IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE- SCHOOL ATTENDANCE	FALL 2011 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 4 th birthday Grades 1-12 3-4 doses of DTap, DTP, DT or Td or any combination. Grade 7 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.	Kindergarten The final dose must have been administered on or after the 4 th birthday regardless of the number of previous doses; * a minimum of 4 doses if a combination of OPV and IPV. Grades 1-12 ** 4 doses if a combination of OPV or 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</i> <i>Influenzae</i> Type b	3 or 4 doses depending on the vaccine type, the age when the child began the 1 st 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	Kindergarten 2 doses of varicella vaccine must be administered prior to entry. Grade 1-4 1 dose of varicella vaccine must be administered on or after the first birthday

*The Special Note in the Director's Journal Entry does not apply to 2010-2011 Kindergarten entry.

**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.
- The Hepatitis B, Tdap and Varicella requirements will be progressive.
- Only full doses of vaccine using proper intervals shall be counted as valid doses.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance. 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.