

RIVERSIDE LOCAL SCHOOL DISTRICT  
IMPORTANT-IMMUNIZATION NOTICE

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ DATE \_\_\_\_\_  
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**

\_\_\_\_\_ DTP/DTaP/DT/TD  
(Diphtheria, Tetanus, Pertussis) Five doses required for Kindergarten if the fourth dose was administered before 4<sup>th</sup> birthday. Grades 1-12 require 3-4 doses of DTaP, DTP, DT, or Td or any combination.  
**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ POLIO VACCINE  
Minimum of four doses K-12 of any combination OPV or IPV is required.  
**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ MMR  
(measles, mumps, rubella) Minimum of two doses required K-12, administered on or after the first birthday. The second dose at least 28 days after the first dose.  
**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ HEPATITIS B  
Minimum of three doses required for kindergartners entering Fall of 2010. The second dose must be given at least 28 days after the first dose. The third dose must be given at least 2 months after the second dose, at least four months after the first dose, and at least six months of age. Required K-11 grades.  
**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ Hib  
(Haemophilus b) Additionally required for Pre-Kindergarten Program students. Schedule and number of doses variable according to type of vaccine used.  
**Must state month/date/year:** \_\_\_\_\_

\_\_\_\_\_ Varicella  
Required to have two doses or written statement claiming disease in K. Grades 1-4 require 1 dose administered on or after 1<sup>st</sup> birthday.  
**Must state month/day/year:** \_\_\_\_\_

**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 Department of Health, 33 Mill St., Painesville, Ohio, 44077. 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 \_\_\_\_\_