



Dear Parents of Students New to St. Michael Parish School:

It is the policy of St. Michael Parish School that each student entering St. Michael at the Kindergarten level must have a medical and dental examination. This policy is in agreement with the American Academy of Pediatrics and the American School Health Association.

The Ohio State Department of Health requires upon entrance to the school certain immunizations and other health requirements. The following records must be completed in order for students to fulfill registration requirements:

1. IMMUNIZATION REQUIREMENTS FOR SCHOOL (see reverse side)
2. Medical examination by a physician given within one year prior to enrollment
3. Dental examination by a dentist given within one year prior to enrollment
4. Proof of date of birth (original birth certificate from the state in which the child was born)
5. Baptismal certificate, if not baptized at St. Michael Parish in Sharonville
6. Proof of custody, if applicable

Children who are five years of age on or before September 30 are eligible to register for Kindergarten.

The enclosed medical and dental forms are to be completed by your family physician and dentist.

**PLEASE NOTE: THE IMMUNIZATION RECORD, DENTAL FORM, ORIGINAL BIRTH CERTIFICATE, AND BAPTISMAL CERTIFICATE MUST BE IN THE SCHOOL OFFICE PRIOR TO THE FIRST DAY OF SCHOOL.**

**IF THESE RECORDS ARE NOT IN THE SCHOOL OFFICE, YOUR CHILD WILL BE EXCLUDED FROM ATTENDING ST. MICHAEL PARISH SCHOOL UNTIL SUCH RECORDS ARE SECURED.**

**CHURCH**

11144 Spinner Avenue  
Sharonville, Ohio 45241-2699  
*phone* 513.563.6377 | *fax* 513.554.3543  
*web* [www.saintmichaelchurch.net](http://www.saintmichaelchurch.net)

**SCHOOL**

11136 Oak Street  
Sharonville, Ohio 45241  
*phone* 513.554.3555 | *fax* 513.554.3551  
*web* [www.stmichaelsharonville.org](http://www.stmichaelsharonville.org)

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

VACCINES	FALL 2014 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><b><u>K</u></b> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4<sup>th</sup> 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><b><u>1-12</u></b> Four (4) or more 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><b><u>Grades 7-11</u></b> One (1) dose of Tdap vaccine must be administered prior to entry.**</p>
POLIO	<p><b><u>K-4</u></b> 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. ***</p> <p><b><u>Grades 5-12</u></b> 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.</p>
MMR Measles, Mumps, Rubella	<p><b><u>K-12</u></b> Two (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.</p>
HEP B Hepatitis B	<p><b><u>K-12</u></b> 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><b><u>K-4</u></b> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 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 first dose, it is considered valid.</p> <p><b><u>Grades 5-8</u></b> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>

### NOTES:

- Vaccine should be administered according to the most recent version of the Recommended Immunization Schedules for Persons Aged 0 Through 18 Years 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 <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- \*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.
- 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.
- \*\*Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. For students in 10<sup>th</sup> or 11<sup>th</sup> grades, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last tetanus- or diphtheria-toxoid containing vaccine.
- \*\*\*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.
- 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 and the ODH Director's Journal Entry (available at [www.odh.ohio.gov](http://www.odh.ohio.gov), Click on "I" and then "Immunization" and then "Required Vaccines for Childcare and 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.

## Medical Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_

Gender: \_\_\_\_

Immunizations required by law: 4 DPT, 3 Polio, 3 Hepatitis B, 2 MMR (Measles, Mumps, Rubella) must have been administered on or after the child's first birthday and the second at least 28 days later. A second MMR is required prior to entrance into seventh grade.

All students new to Hamilton County, including foreign exchange students or immigrants to this country must have documentation of tuberculosis testing within ninety (90) days of the first day of school enrollment. Tuberculin skin testing is strongly suggested for preschool and kindergarten students.

### IMMUNIZATION

OR

TYPE	DATE (MONTH/DAY/YEAR)				
DPT					
DPT/HIB					
TD					
POLIO					
MMR					
MEASLES					
RUBELLA					
MUMPS					
HIB-d					
TUBERCULIN (MANTOUX)					
HEPATITIS B VACCINE					
OTHER					
VARICELLA (Chicken Pox)					

### PHYSICAL EXAMINATION

Date of Exam: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Does this student have any significant medical problems? Describe: \_\_\_\_\_

If you wish this student to be restricted from any part of our school program, please explain. \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

# Dental Form

St. Michael Parish School  
11136 Oak Street  
Sharonville, Ohio 45241

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_

Gender: \_\_\_\_

## Report of Dental Examination

This is to certify that I have examined the teeth of the above-named student and I find:

- Oral hygiene is: Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_
- Number of teeth filled: \_\_\_\_
- Number of teeth extracted: \_\_\_\_
- All necessary dental work has been completed: Yes \_\_\_\_ No \_\_\_\_
- Treatment is in progress: \_\_\_\_
- No dental work is necessary: \_\_\_\_
- Is child under regular dental supervision? Yes \_\_\_\_ No \_\_\_\_

## Remarks

Please elaborate on any of the above or make any recommendations that would assist the school in helping this child.

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Dentist's Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE RETURN THIS COPY TO SCHOOL**