



# Dayton SMART Elementary

## School Health Examination Record – Health & Immunization History

### PART II – TO BE COMPLETED BY PHYSICIAN PRIOR TO SCHOOL ADMISSION

Print Student's Last Name \_\_\_\_\_

First \_\_\_\_\_

M.I. \_\_\_\_\_

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

**F. IMMUNIZATION RECORD:** Minimum requirements are listed for each vaccine. Those marked with an (\*) are required by the Ohio Department of Health; all others are recommended by the Centers for Disease Control and Prevention.

RECOMMENDED IMMUNIZATION (ENTER MONTH, DAY AND YEAR)					
VACCINES	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Diphtheria (DTaP), Tetanus (DT/Tdap/Td), Pertussis*					
DTap (7 <sup>th</sup> – 9 <sup>th</sup> grade only) *					
Hepatitis B (Hep B) *					
Measles, Mumps, Rubella (MMR) *					
Polio (IPV or OPV) *					
Varicella (Chicken Pox) * [2 doses K-2; 1 dose 3 – 6]					
Influenza					
Pneumococcal Conjugate (PCV)					
Meningococcal					
Hepatitis A					
Haemophilus Influenza – type b (HIB, preschool only)					
Human Papillomavirus (Gardasil)					

#### Recommended Assessments/ Screenings:

Vision: ☐ Yes ☐ No Date: \_\_\_\_\_

Hearing: ☐ Yes ☐ No Date: \_\_\_\_\_

Dental: ☐ Yes ☐ No Date: \_\_\_\_\_

Lead: ☐ Yes ☐ No Date: \_\_\_\_\_

BMI: ☐ Yes ☐ No Date: \_\_\_\_\_

Other: ☐ Yes ☐ No Date: \_\_\_\_\_

*I have examined this child and found that he/she is in suitable condition for participation in school.*

*The child has had the age appropriate immunizations as recommended by the Ohio Department of Health.*

*My office has entered the child's immunization record as noted above or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons:*

List any limitations or health conditions for this child (including allergies, daily medication and dietary restrictions):

#### G. SIGNATURE OF PHYSICIAN/PHYSICIAN'S ASSISTANT/ADVANCED PRACTICE NURSE:

\_\_\_\_\_  
Date of Examination \_\_\_\_\_

Printed Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Office Phone: \_\_\_\_\_