



# Olney Friends School

61830 Sandy Ridge Road, Barnesville, OH 43713  
 www.olneyfriends.org

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

## IMMUNIZATION REPORT

Students must be immunized in accordance with Ohio law. In order to comply with Ohio law, proof of immunization is required by the 14<sup>th</sup> day of school. **Failure to provide this information may result in the student's dismissal from school.**

Ohio law mandates that the month, day and year of the vaccine be recorded.  
 (\*\* Indicates vaccines that are required for school attendance)

** Diphtheria, Tetanus, Pertussis (DTP) 4 doses required						
DTaP, Tdap						
DT, Td (Booster recommended within last 5 years)						
** Polio 4 doses required						
** Hepatitis B 3 doses required						
** Measles, Mumps, Rubella (MMR) 2 doses required						
** Varicella (Chickenpox) 2 doses required if no history of disease						
Date of chickenpox disease						
Meningitis (Menactra) HIGHLY RECOMMENDED						
Hepatitis A						
HPV						
Hib						
Measles (Rubeola) only						
Rubella only						
Mumps only						

**These vaccines are the minimum requirements by law. Does Olney Friends School have your permission to provide your child with immunizations that may be needed to meet state requirements?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Parent/Guardian signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_