



CHILD'S IMMUNIZATION RECORD

Required by Ohio Administrative Code 5180:2-12-15

Center: ☐ Hope Center ☐ Miami ☐ Sinclair ☐ Wright State

CHILD INFORMATION

Child's Name	Date of Birth	First Day at Program
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HOW TO PROVIDE YOUR CHILD'S IMMUNIZATION INFORMATION

Choose whichever option is easiest for your family — a record must be on file **before your child's first day**, and an updated record is required **every 12 months** (or as new immunizations are received) until your child starts kindergarten.

- **Attach a printout** from your child's doctor or clinic — the easiest option. Check the box below and skip the grid.
- **Print it yourself.** You can print your child's record from MyChart or Ohio's ImpactSIIS — print and attach.
- **Complete the grid** on this page from your child's records, listing the date (month/day/year) of each dose.

☐ **A copy of my child's immunization record from their health care provider or ImpactSIIS is attached** — the grid below does not need to be completed.

IMMUNIZATION GRID — DATE OF EACH DOSE (MONTH/DAY/YEAR)

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Chickenpox (Varicella)					
Diphtheria (DTaP)					
Haemophilus influenzae type b (Hib)					
Hepatitis A					
Hepatitis B					
Influenza (Flu)					
Measles (MMR)					
Mumps (MMR)					
Pertussis (DTaP)					
Pneumococcal (PCV)					
Polio (IPV)					
Rotavirus					
Rubella (MMR)					
Tetanus (DTaP)					

Shaded boxes are doses beyond the typical schedule for that vaccine. Your child's doctor determines the right schedule — record whatever doses your child has received.

PARENT / GUARDIAN SIGNATURE

I certify that the information provided on this form, and on any record I have attached, is accurate and complete to the best of my knowledge. I will notify the center and provide an updated record whenever my child receives additional immunizations, and no less than every 12 months until my child begins kindergarten.

Parent/Guardian Signature	Date
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EXEMPTIONS

Ohio law allows a child to be enrolled without a complete immunization record in the situations below. Check any that apply and attach the required statement.

- ☐ **My child is in the process of being immunized.** Attach a statement from a physician, physician assistant (PA), or advanced practice registered nurse (APRN). A schedule for completing the remaining doses should be included.
- ☐ **Immunization is medically contraindicated for my child.** Attach a statement from a physician, PA, or APRN identifying which immunization(s) and why.
- ☐ **Immunization is not medically appropriate for my child's age.** Attach a statement from a physician, PA, or APRN.
- ☐ **I decline immunization for reasons of conscience, including religious convictions.** Your written statement below is sufficient — no physician statement or official form is required.

If declining for reasons of conscience, please write your statement here:

IN THE EVENT OF AN OUTBREAK

If a vaccine-preventable disease occurs at the center, children who are not immunized against that disease — for any reason — will be excluded from care for their own protection, for the period recommended by the local health department. Tuition is still charged during an exclusion.

PARENT/GUARDIAN CERTIFICATION

I understand that if a vaccine-preventable disease occurs at the center, children who are not immunized against that disease — for any reason — will be excluded from care for their own protection, for the period recommended by the local health department, and that tuition is still charged during an exclusion.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date record received

Next review due (12 months)

Reviewed by

Exemption statement on file

☐ Yes ☐ No ☐ N/A

Child is kindergarten age or older and exempt from this record

☐ Yes ☐ N/A