

Woodridge Local School District

INCOMPLETE IMMUNIZATION RECORD

To the Parents/Guardians of: _____ Date: _____

DTap/Tdap/DP Polio MMR Hep B Varicella MCV4 No Record on file

Please provide written evidence from your child's healthcare provider/health department of the month/day/year immunizations were administered. It is required that:

1. **Your child has been properly immunized** (meets State of Ohio Immunization requirements). If the initial records that you provided were incomplete or if you have already taken your child for the immunizations that are missing from the records, please forward updated immunization record to the school.
2. **A doctor has written that immunization against a particular disease is medically inadvisable at this time.** For your child's protection, your child may not attend school if a case of the disease for which they are not immunized is reported at school.
3. **You have a religious or philosophical objection to immunizing your child. Please request an exemption for that can be signed yearly and kept with your student's records.**
4. **Your child had Varicella disease (chickenpox). Age: _____**

According to the **OHIO REVISED CODE**, children **who have not had the minimum required immunizations cannot attend school**. Please see the attached schedule of required immunizations from the Ohio Department of Health.

Immunizations can be obtained from:

Your child's health care provider or your local health department.

Your school has the School Based Health Center. If you would like them to help your child obtain the required vaccines, please call 330-543-7242 to schedule an in-school appointment.

- Your child may be excluded from school without the above documentation beginning _____.
- If you have any questions, please contact your child's school clinic or your child's school office.

Sincerely,

Principal

School Health Services Staff

11/20/07
2/15/24