

## Immunizations for Child Care, Head Start and Pre-School Attendance:

Please follow the following link to the ACIP Easy-to-read Immunization Schedule for Infants and Children<sup>1,2</sup>

<http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

### Ohio Revised Code 5104.014, Division B:

Each child's<sup>3</sup> caretaker parent shall provide to the center, home, or in-home aide a medical statement, as described in division (D) of this section, indicating that the child has been immunized against or is in the process<sup>4</sup> of being immunized against all of the following diseases:

- |                                   |                           |                    |
|-----------------------------------|---------------------------|--------------------|
| 1. Chicken pox;                   | 6. Influenza;             | 11. Poliomyelitis; |
| 2. Diphtheria;                    | 7. Measles;               | 12. Rotavirus;     |
| 3. Haemophilus influenzae type b; | 8. Mumps;                 | 13. Rubella;       |
| 4. Hepatitis A;                   | 9. Pertussis;             | 14. Tetanus.       |
| 5. Hepatitis B;                   | 10. Pneumococcal disease; |                    |

### Ohio Revised Code 5104.014, Division C:

A child is not required to be immunized against a disease specified in **Division (B)** of this section if any of the following is the case:

1. Immunization against the disease is medically contraindicated for the child;
2. The child's parent or guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions;
3. Immunization against the disease is not medically appropriate for the child's age.

*In the case of influenza, a child is not required to be immunized against the disease if the seasonal vaccine is not available.*

### Ohio Revised Code 5104.014, Division D:

The medical statement shall include all of the following information:

1. The dates that a child received immunizations against each of the diseases specified in division (B) of this section;
2. Whether a child is subject to any of the exceptions specified in division (C) of this section.
3. The medical statement shall include a component where a parent or guardian may indicate that the parent or guardian has declined to have the child immunized.

Follow the link below to the Ohio Department of Jobs and Family Services' Child Medical Statement:

<http://www.odifs.state.oh.us/forms/findform.asp?formnum=01305>

<sup>1</sup> Vaccine doses are only considered **valid** if 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.

<sup>2</sup> 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.**

<sup>3</sup> **"Child" includes both of the following:** 1) An infant, toddler, or preschool age child; and 2) A school-age child who is not enrolled in a public or nonpublic school but is enrolled in a child day-care center, type A family day-care home, or licensed type B family day-care home or receives child care from a certified in-home aide.

<sup>4</sup> **"In the process of being immunized"** means having received at least the first dose of an immunization sequence and complying with the immunization intervals or catch-up schedule prescribed by the director of health (in accordance with the ACIP catch-up schedule).